



THE SEVENTY-SEVENTH
ANNUAL REPORT
UPON THE
HEALTH OF LEICESTER
FOR THE YEAR 1925

BY
C. KILICK MILLARD, M.D., D.Sc.
MEDICAL OFFICER OF HEALTH.

INCLUDING
REPORT of the TUBERCULOSIS OFFICER.
REPORT on the CITY HOSPITAL and SANATORIUM.
REPORT of the PUBLIC ANALYST.
REPORT of the CHIEF SANITARY INSPECTOR.
REPORTS on the V.D. CLINICS.

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LEICESTER CO-OPERATIVE PRINTING SOCIETY LTD., 99 CHURCH GATE.



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Staff of the Health Department.

(As constituted January 1st, 1926.)

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Assist. Tuberculosis Officer WILFRID SMITH, M.B., M.Sc.

Maternity and Child Welfare Officer .. HELEN P. DENT, M.B.

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Assist. Medical Officers E. G. LAWRIE, M.B.

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H. ELKINGTON. ^{2 5}

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Day Nurseries „ ALICE M. MASON. ¹³

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General Clerks—

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HEALTH COMMITTEE.

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Vice-Chairman.

Mr. FOLWELL.

THE MAYOR.	Mr. GILL, M.B.	Mrs. SWAINSTON.
ALD. CHAPLIN J.P.	ALD. HAND.	ALD. WALKER.
Mr. CLEAVER.	Mr. JOHNSON.	Mr. WILFORD, J.P.
" COLEMAN, M.R.C.S.	" KEENE.	ALD. WINDLEY, J.P.
" CORT.	" NAVIN.	" YEARBY.
Miss FORTEY, J.P., B.Sc.	" PARBURY.	

The Committee meets every alternate Friday in the Committee Room, Town Hall, at 3.30 p.m.

The Health Committee, together with the following co-opted members, not being members of the Town Council, constitute the Statutory Maternity and Child Welfare Committee :—Mrs. Bond, J.P., Mrs. Cooper, Mrs. Murby, Mrs. Taylor, Miss E. J. Windley, B.A.

Accounts Sub-Committee.

Mr. JOHNSON.	Mr. KEENE.	Mrs. SWAINSTON.
" CLEAVER.	" NAVIN.	ALD. WALKER.
" COLEMAN.		

Isolation Hospital and Dispensary Sub-Committee.

Mr. HINCKS (Chairman).	Mr. FOLWELL.	Mr. PARBURY.
ALD. CHAPLIN.	Miss FORTEY.	ALD. WALKER.
Mr. COLEMAN.	Mr. GILL.	Mr. WILFORD.
" CORT.	" JOHNSON.	ALD. WINDLEY.
	" KEENE.	

Health Inspection Sub-Committee.

Mr. JOHNSON (Chairman).	Mr. FOLWELL.	ALD. WALKER.
" CLEAVER.	Miss FORTEY.	" YEARBY.
" COLEMAN.	Mr. HINCKS.	
" CORT.	" KEENE.	

Maternity and Child Welfare Sub-Committee.

Mr. FOLWELL (Chairman).	Miss FORTEY.	Mrs. I. MURBY.
Mrs. E. BOND.	ALD. HAND.	Mrs. SWAINSTON.
Mr. CLEAVER.	Mr. HINCKS.	" L. TAYLOR.
" COLEMAN.	" JOHNSON.	Miss E. J. WINDLEY.
Mrs. A. COOPER.	" KEENE.	ALD. WINDLEY.

Maternity Home and Day Nursery Management Sub-Committee.

ALD. HAND (Chairman).	Miss FORTEY.	Mrs. SWAINSTON.
Mrs. BOND.	Mr. HINCKS.	" TAYLOR.
Mr. COLEMAN.	" JOHNSON.	Miss WINDLEY.
Mrs. COOPER.	" KEENE.	ALD. WINDLEY.
Mr. FOLWELL.	Mrs. MURBY.	

Venereal Diseases Sub-Committee.

Mr. COLEMAN.	Mr. GILL.	Mr. PARBURY.
" FOLWELL.	" HINCKS.	ALD. WALKER.
Miss FORTEY.	" JOHNSON.	" WINDLEY.

General Purposes Sub-Committee.

Mr. HINCKS (Chairman).	ALD. HAND.	Mrs. SWAINSTON.
" FOLWELL.	Mr. JOHNSON.	Mr. WILFORD.
	" KEENE.	

Necessitous Cases Sub-Committee.

Mrs. COOPER (Chairman).	Mr. KEENE.	Mrs. MURBY.
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SUMMARY OF STATISTICS

FOR THE YEAR 1925.

CITY OF LEICESTER.

Population at Census, 1921	234,190
„ (estimated) at Mid-year 1925	..	..	242,100
Marriages .. .. .	..	..	2,142
Marriage-rate .. .. .	..	..	17.69
Births .. .. .	..	..	4,197
Birth-rate .. .. .	..	..	17.33
Deaths (corrected for transferable deaths)	..	..	3,134
Death-rate .. .. .	..	..	12.90
Infant Mortality (per 1,000 Births)	..	..	87.68
Zymotic-rate .. .. .	..	..	1.30
Diarrhoea-rate .. .. .	..	..	0.30
Respiratory-rate .. .. .	..	..	2.15
Cancer-rate .. .. .	..	..	1.31
Tuberculosis-rate .. .. .	..	..	1.50
Phthisis-rate .. .. .	..	..	1.25

Area of City (in acres) .. .. .	..	8,582
Number of persons per acre at Census, 1921	..	27.2
Number of persons per Tenement at Census, 1921	..	4.28
Number of Inhabited Tenements, Census, 1921	..	54,657
Number of Inhabited Tenements, July, 1925	..	56,175
Number of Empty Houses, July, 1925	..	96
Rateable value (November 1st, 1925)	..	£1,425,175
Rates in the £:	1924-25	1925-26
	s. d.	s. d.
Poor Rate	2 2	2 6
General District Rate	10 8	11 4

	England & Wales	105 Great Towns (Population exceeding 50,000)	London
(For comparison).			
Birth-rate	18.3	18.2	18.0
Death-rate	12.2	12.2	11.7
Infant Mortality (per 1,000 Births)	75	79	67

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HEALTH DEPARTMENT,

GREY FRIARS,

LEICESTER,

8th April, 1926

To the Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I beg to present to you the Annual Report on the Health of Leicester for the year 1925. The Report is the 77th of the series, and is the 25th which it has been my privilege to present.

The death-rate for the year was 12.9, being slightly higher than in the previous five years. Infant mortality was also up, being 87 as compared with 79 the year before. There was a further slight fall in the birth-rate.

As regards Zymotic Disease, the City was visited by an epidemic of smallpox, but fortunately the disease was of the mild strain to which we have become accustomed in this country in recent years, and no deaths resulted. It is now 21 years since the last death from smallpox occurred in Leicester. A full account of the outbreak is given in the Report. Diphtheria was again prevalent and was the cause of 34 deaths. There were only four cases with one death from enteric fever. This disease has been almost banished from the City. Measles caused 43 deaths, and whooping-cough 69.

By far the most serious of the zymotic diseases, however, is pneumonia, which caused no less than 245 deaths.

There were 26 cases of Encephalitis Lethargica (sleepy sickness), ten of which proved fatal, being a further slight increase on previous years.

Cancer, I regret to record, showed a serious increase, the number of deaths, 318, being the highest on record. This subject, as its importance calls for, is dealt with at some length.

As regards housing, substantial progress has been made by the Corporation in the building of artisans' dwellings, but the need for houses is still very acute.

In order to comply with a request of the Ministry of Health, a brief survey is made (p. 10) of the past five years.

I have to acknowledge loyal and painstaking work done by the various members of the Health Department Staff, and I would specially mention the great assistance I have received from Mr. Wilfrid Carr, the Secretary of the Department.

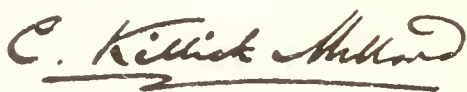
I also wish to express my indebtedness to the Chairman and members of the Committee for the courtesy and consideration they have extended to me in the past year as in previous years.

In November, Mr. Councillor Wilford, who had held the chairmanship of the Committee since Ald. Windley resigned in 1922, felt obliged to relinquish the position on account of ill-health, acting under medical advice. All through his tenure of office Mr. Wilford had thrown himself into the work of the Health Department with the greatest zeal and enthusiasm. He was chiefly responsible for the reorganising of the Department, including the fitting up and opening of the new Health Offices ; and it was largely through his energy and initiative that the Leicester Health and Baby Week Committee was successful in winning the Astor Shield in 1924. He also took great interest in the Isolation Hospital and Sanatorium, effecting many important improvements, including the initiation and carrying through of the Extension Scheme, the installation of the new hot water system, the laying out and beautifying of a portion of the grounds, &c. Although a busy business man he spared no time or trouble, and his enthusiasm, zeal, and fertility in ideas were an inspiration and encouragement to the whole Department.

He was succeeded by Mr. W. E. Hincks, the present chairman.

I am, Ladies and Gentlemen,

Your obedient servant,

A handwritten signature in dark ink, reading "C. Killick Mather". The signature is written in a cursive style with a horizontal line underneath the name.

Medical Officer of Health.

Medical Officer of Health's Report

FOR THE YEAR 1925.

PART I.

Statistical and General Review of District.

PHYSICAL NATURE AND GENERAL CHARACTER OF DISTRICT.

Situation and Soil.

The City of Leicester lies in the Valley of the Soar—a tributary of the Trent—occupying both banks of the river. Most of the City is low lying, more especially the central and older part of the City ; also the working class districts of Belgrave and Aylestone, and the more residential district surrounding Narborough Road (often referred to as “ The West End ”). On the other hand, the districts of Stoneygate, Spinney Hill, North Evington and West Humberstone, largely residential in character, stand on higher ground. The sub-soil is chiefly marl and clay (upper red and grey marl and boulder clay), except in Belgrave and the western side of the City, where considerable areas of gravel and sand occur.

Area and Altitude.

The City has an area of 8,582 acres, extending about four miles from East to West, and about five miles from North to South. Such unbuilt-on areas as remain are rapidly diminishing now that building operations have been resumed in real earnest. Moreover, much building is now taking place outside the City boundary.

The altitude varies from 165 feet above sea level at Belgrave, to 305 feet at Stoneygate. The altitudes of various other points in the City will be found in Table 24.

Industries.

Leicester, fortunately, is not a single industry town. The principal manufactures are hosiery, with the associated trade of wool-spinning and dyeing, and footwear (chiefly women's and children's).

Other important trades which may be mentioned are engineering, printing, rubber goods, and scientific instrument making.

Occupations.

In Tables 27 and 27a will be found figures abstracted from the last Census returns which show how the population of Leicester are employed. These Tables have not been included in previous reports, and there are several items of interest.

In round figures, there were, in 1921, 75,000 employed males, and 49,000 employed females in Leicester.

Of the males, 21,000 were employed in the textile trades and in the manufacture of articles of dress (including boots and shoes); 9,500 were workers in metal; 3,000 were workers in wood; and there were 2,700 engaged in the building trades. Transport workers numbered 7,100, and there were 8,200 engaged in commerce. The printing and paper trades accounted for 1,800; whilst 3,500 were returned as warehousemen and packers.

In Table 27b the figures are given for specific occupations, these being included in the foregoing. Amongst the 75,000 employed males, 11,206 were returned as "boot, shoe and clog makers." Carpenters numbered 1,108; bricklayers and masons, 627; commercial travellers, 1,067; salesmen and shop assistants, 2,505; innkeepers, barmen, &c., 506; tailors, 519.

Of the 49,000 employed females, no less than 28,000 were engaged in the textile trades and manufacture of articles of dress; nearly 6,000 were engaged in personal service (including 3,500 domestic servants), and there were 3,500 engaged as clerks and typists; 2,700 in commerce; 2,300 in warehouses, and 1,300 in the printing trade.

Professional occupations accounted for 1,400 males and 1,700 females.

Population.

The population of the City of Leicester, as estimated by the Registrar-General as at the middle of 1925, was 242,100. This is only 300 more than his estimate for 1924, which in turn was

2,100 more than the figures for 1923. Such a small increase for 1925 seems quite inadequate in view of the local circumstances—good trade, great pressure of population, and active building operations (1,050 new houses were erected during 1925). These facts have been pointed out to the Registrar-General, whose reply is as follows :

“ It will be observed that the latest estimate is obtained from the population of the last census year, 1921, after allowance for the births, deaths and migration (as judged by the changes in the local government electorate) of the intervening period ; estimates in respect of the years 1922-4 are not directly taken into account in the calculation of the 1925 figures, though the continuity of the method adopted should ensure a reasonable progression in the estimates of successive years where the natural increase and migration change little from year to year. It may be pointed out that as the date of the last census becomes more remote, the possible error in the population estimate naturally becomes larger and it becomes more and more difficult under the method of estimation to ensure that the difference between successive years’ estimates shall always appear consistent with the movements recorded during the year.

“ In the City of Leicester the natural increase between the middle of 1921 and the middle of 1925 has been at the rate of 2.71 per cent., while the local government electorate has increased by 8.02 per cent. during the same period. Having regard to the corresponding increments for England and Wales as a whole (given in paragraph 4 of the memorandum), the estimated increase of 1.7 per cent. in the total population of the City since 1921 would not appear to be unreasonable, and it is believed that the 1925 estimate may be regarded as sufficiently accurate for the statistical purpose for which it is provided.”

There appears to be no option but to accept the Registrar-General’s estimate.

Marriages.

The number of marriages solemnized in Leicester during the year was :—

Church of England	..	..	1,214
Elsewhere	..	..	928
<hr/>			
Total	..	..	2,142

The marriage rate was 17.69 per thousand.

Births.

The corrected number of births for the year was 4,197, of which 2,112 were males, and 2,085 were females.

This number is 183 less than in the previous year.

The *Birth-rate* was 17.33, this being the lowest figure since the war. The following are the birth-rates for the post-war years :

1920 (after demobilisation)	..	24.9
1921	.. ..	21.4
1922	.. ..	19.4
1923	.. ..	19.1
1924	.. ..	18.1

The birth-rate before the war had fallen (in 1914) to 22.1. In 1901 it stood at 29.0 ; in 1891, at 35.5 ; in 1881, at 38.2, and in 1871 at 41.5.

The great reduction in the birth-rate, which has been taking place continuously (apart from the dislocation caused by the war) during the past 50 years, is one of the most remarkable sociological phenomena of modern times. It is unnecessary to discuss here the cause of this decline. Whilst most authorities regard it as volitional, there are some who believe it to be due to an involuntary reduction in natural fertility.

At one time, it was customary for Medical Officers of Health, with few exceptions, in their annual health reports, to deplore the falling birth-rate, and to comment adversely upon it. In recent years, however, they have become more reconciled to the phenomenon, and they now apparently realise that, after all, it may not be the unmixed evil it was once thought to be.

Still-Births.

During the year, 38 still-births were notified by Medical Practitioners and 96 by Midwives, a total of 134.

The total number of still-born infants buried at the three City Cemeteries was 156.

With the object of better checking the discrepancy between the burials and notifications, the Registrars at the Cemeteries have agreed to send in weekly returns of the burials of still-born infants.

Illegitimacy.

The number of illegitimate births was 198, equal to 4.7 per cent. of the total births. This is about an average figure.

Deaths.

The number of deaths of inhabitants of Leicester after making the usual corrections for institutions, and for deaths transferred to and from other districts, was 3,134, of which 1,585 were males, and 1,549 were females.

The *Death-rate* was 12.90 per 1,000 population.

This figure is slightly higher than during the past five years, the figures being :—

1919	..	..	..	13.0
1920	..	..	..	12.1
1921	..	..	..	12.0
1922	..	..	..	12.7
1923	..	..	..	11.5
1924	..	..	..	12.1

As is well known, the death-rate in Leicester, as in many other towns, has been falling steadily, with slight annual fluctuations, for the past sixty years. There must obviously be some limit to the extent to which it can fall unless the natural duration of human life should be increased beyond its present span. In a stationary population, i.e., where the births just balance the deaths, and where the proportion of old people remains constant, a death-rate of 10.0 per 1,000 would imply that the average duration of life was 100 years; clearly an impossible proposition. Similarly, a death-rate of 12.0 per 1,000 would imply an average duration of life of 83.3 years, an eventuality almost impossible, to say the least. If every person born lived on an average for 70 years, the death-rate (in a stationary population) would be 14.23 per 1,000. The reason why death-rates much below these figures are possible is of course because the population is *not* stationary but is constantly increasing, owing to the excess of births over deaths, with the result that there is an unduly large proportion of young people, and, conversely, an unduly *small* proportion of *old* people, in the population.

As the birth-rate falls and approximates to the death-rate we approximate slowly but surely to the stationary point, and further reduction in death-rate becomes more and more unlikely. Indeed, it is quite probable that we may now have reached the lowest point, and in future a rise in the death-rate will have to be recorded,

not because people are dying sooner, but owing to the increasing proportion of old people in the population.

Infant Mortality.

The Infant Death-rate, being based not on population but on the number of infants born, is not subject to the consideration referred to above. Also as children, if born healthy, need not die—and should not die—there is no reason *theoretically* why infant mortality should not be reduced to *zero*. One great practical difficulty in the way is that so many children are not born healthy. Very many, indeed, are born with so little vitality, or with such serious physical disability (i.e., congenital defects), that they do not survive the first few weeks of life. Whilst ante-natal care may do a great deal, it must be admitted that in the present state of our knowledge, and whilst civilised life remains what it is, it is difficult to say what can be done to ensure that every child should be born with a proper inheritance of health and vitality. We may, however, point to the comparatively low infant-mortality figure which obtains in the most favoured districts, and strive to bring down the infant-mortality everywhere to the same level.

During 1925 there were 368 deaths of infants under one year of age, which is equal to an *Infant Mortality* of 87.6. This is an increase on the last two years, and cannot be regarded as very satisfactory.

The figures (omitting decimals) have been as follows :—

1918	..	108	1922	..	87
1919	..	98	1923	..	84
1920	..	89	1924	..	79
1921	..	85	1925	..	87

Mortality amongst Illegitimate Births.

The deaths of illegitimate infants numbered 28, equal to an illegitimate infant death-rate of 141. The corresponding figure in the previous year was 180.

COMPARATIVE WARD STATISTICS.

(See Tables 1-3.)

Following the method adopted in previous years the municipal wards with the highest and lowest rates in 1925 have been picked out, and are as follows :—

Ward Death-Rates.

Highest		Lowest	
St. Martin's	21.0	Westcotes	10.0
Wyggeston	18.1	Aylestone	10.2
Charnwood	17.4	Knighton	10.5

Infant Death-Rates.

St. Martin's	147	Knighton	47
St. Margaret's	142	Spinney Hill	52
Wyggeston	141	West Humberstone	54

Phthisis Rates.

The Castle	2.09	De Montfort	0.41
Wyggeston	1.80	St. Martin's	0.87
St. Margaret's	1.59	Latimer	1.01

Birth-Rates.

Newton	26.2	Knighton	11.2
Wyggeston	24.2	Wycliffe	11.4
St. Margaret's	20.8	De Montfort	13.2

The order of precedence varies a little from the average. As regards death-rates, it is satisfactory to note that Newton Ward, which for many years used almost always to come out highest, does not this year appear amongst the three worst wards, indeed it had the comparatively low figures of 16.4.

The contrast between the infant mortality in the worst and best wards is, as usual, tragically great, being nearly three times as great in the former as in the latter.

As regards birth-rates, the order is much as usual, and the contrast is also very striking.

If we compare St. Margaret's Ward, where the houses are old and small, and where the wages earned are probably amongst the lowest, with Knighton Ward (which includes Clarendon Park, a good-class artisan district and so is not all "residential") where the houses are so much larger and the incomes and wages so much greater, we find :—

		Birth-rate.	Infant Mortality.
St. Margaret's	..	20.8	142
Knighton	..	11.2	47

Nevertheless, whilst a high birth-rate is so often found associated with a high infant death-rate, this is not always the case, and last year there was a notable exception. Newton Ward, with the highest birth-rate of all, viz., 26.2, had an infant mortality of only 80. This is such a remarkably low figure for this Ward, which at one time used to have the highest rate of all, that it certainly deserves special mention.

It was in 1914, twelve years ago, that a special infant welfare centre was started in Newton Ward. The following is an extract from my Annual Report written in that year :—

“ Infant Consultation Centre for Newton Ward.—A new movement with the object of ameliorating the conditions of infant life has been inaugurated and is about to begin operations. It has been started as a memorial to the late Mrs. H. H. Peach.

“ It is proposed to limit the work to one Municipal Ward, and Newton Ward has been selected as having a very high infant mortality.” In a footnote I add : “ For several years Newton Ward had a higher infant mortality than any other ward, but last year, 1913, there was an improvement.”

The special “ Consultation Centre,” as it was at first called, was duly started. Premises were secured in Highcross Street (close to All Saints’ Church) and, in distinction to the practice in vogue at other infant welfare centres in the City, they were open every week-day instead of only once a week. A whole-time health visitor was engaged and concentrated her efforts on Newton Ward alone. A Medical Officer (Dr. Gertrude Austin) was engaged to attend once a week.

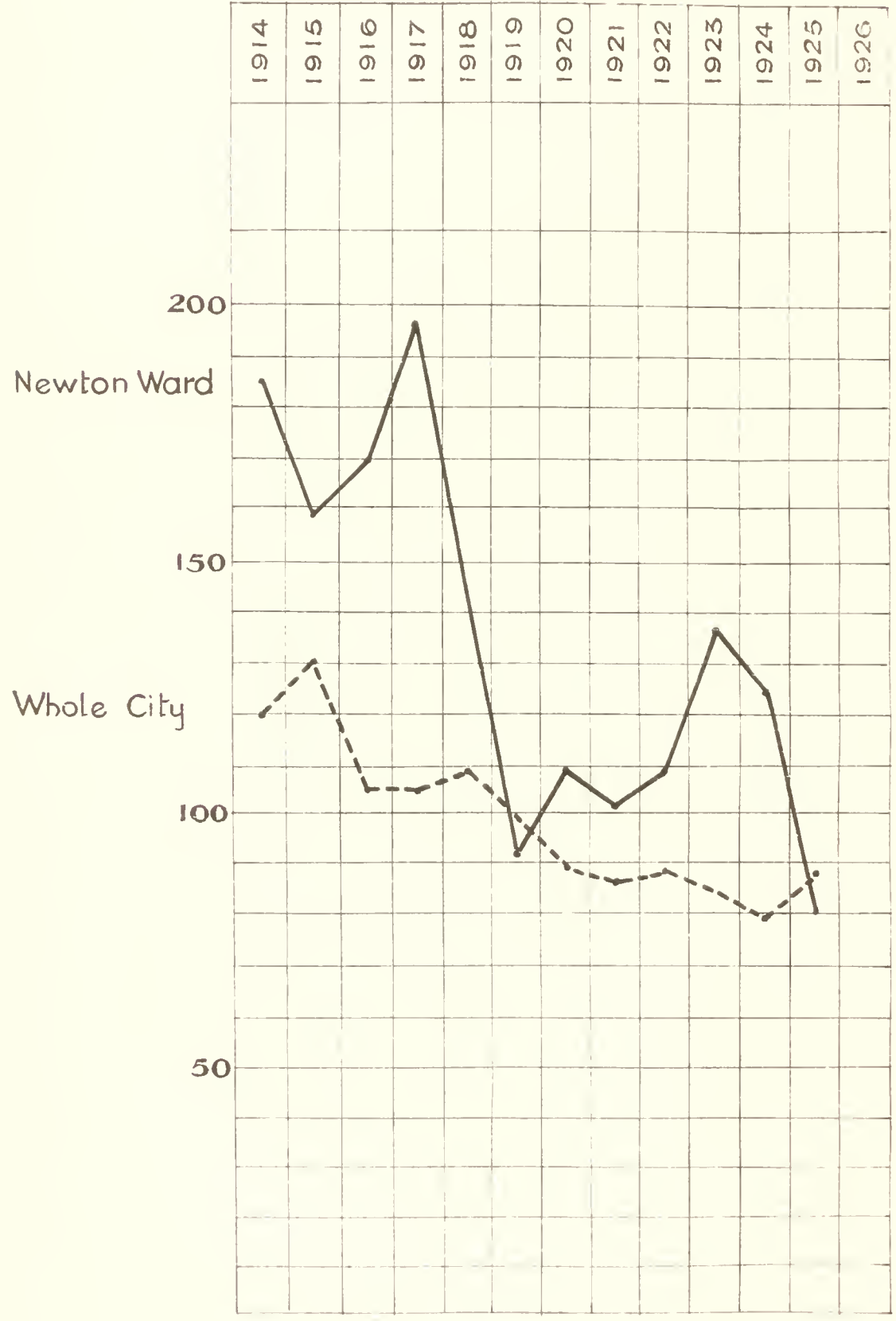
It is most gratifying to note the sequel of this special effort. The infant mortality fell rapidly, and *to a greater extent* than in the City as a whole. The figures are as follows :—

	Whole City.	Newton Ward.
Average for five years preceding 1914 ..	119	190
Average for five years, 1915-1919 ..	113	152
Average for five years, 1920-1924 ..	85	116
1925	87	80

Of course too much importance must not be attached to the figure for a single year, but it is certainly something upon which the promoters of the scheme referred to may be heartily congratulated that such excellent figures should have been attained.

CHART 1

*Chart showing reduction in Infant Mortality
in Newton Ward as compared with Whole City
Special Infant Welfare Centre opened in Newton Ward in 1914.*



Newton Ward—the one-time “black sheep”—actually beats the average for the City as a whole! In the last quarter of the year there were *only two* infant deaths in the whole ward. Such a result must be highly gratifying, as well as most encouraging, to Mrs. Arnold Viccars (the President of the Newton Ward Centre) and her band of helpers.

It only remains to add that about four years ago the entire financial responsibility for carrying on the good work in Newton Ward was taken over by the Corporation.

The accompanying Chart (No. 1) shows the reduction graphically.

Statistics of Other Large Towns.

In Table 23 the principal statistics (birth-rate, death-rate and infant mortality) will be found of the large towns having a population of over 100,000. There are 37 of these excluding Leicester. The average works out as follows:—

	Birth-rate.	Death-rate.	Infant Mortality.
37 Large Towns ..	19.5	12.9	89
Leicester ..	17.3	12.9	87

Leicester in 1925, therefore, was slightly below the average as regards birth-rate and infant mortality, and was the same as the average as regards general death-rate. At one time the death-rate in Leicester used to be much below the average, so that such a mediocre position cannot be regarded as very satisfactory.

There were marked differences between some of the towns. Thus, with the highest birth-rates, we find Middlesbrough, 25.7; Sunderland, 25.2; and Gateshead, 24.4; whilst with the lowest birth-rates we have Huddersfield, 14.8; Blackburn and Oldham, each 15.3.

The highest death-rates were in Middlesbrough, 15.6; Sunderland, 15.2; and Oldham, 14.6. The lowest death-rates were in Coventry, 10.8; Swansea, 11.2; and Sheffield, 11.5.

As regards infant mortality, the highest rates were in Sunderland, 116; Walsall, 114; and South Shields, 113. The lowest in Brighton, 54; Norwich, 56; and Southampton, 58. These figures are provisional and may possibly need some minor correction, but as they stand one cannot help wondering as to the local conditions which account for such painful contrasts. Excluding Brighton, one may well ask why twice as many babies should die in one industrial centre as compared with another.

SURVEY OF PAST FIVE YEARS.

The Ministry of Health have requested that every five years Annual Health Reports should be of the nature of "survey" reports, i.e., that rather more detail should be given than usual, and that a brief reference should be made to the work accomplished and progress made during the quinquennium. They ask that reports for 1925 should be of this nature.

In large towns such as Leicester, Annual Health Reports are already so voluminous that it is undesirable to add to their bulk if it can be avoided; therefore I have not thought it desirable to go into much further detail, but a brief résumé of the past five years, 1921-25, is here given.

The vital statistics of the City will be found in the Tables at the end of the Report. The birth-rate has fallen; the death-rate and tuberculosis death-rate have been on the whole stationary, although the year 1923 showed the lowest general death-rate ever recorded. Infant mortality fell during the four years, 1921-24, but was up again last year. The cancer death-rate has increased, and has now become a most serious menace. Whilst certain diseases have become less prevalent, encephalitis lethargica (sleepy sickness), although still a comparatively rare disease, has shown a disquieting tendency to increase in Leicester as in the rest of the country. As regards epidemics, the only ones of importance, apart from measles and whooping cough, were one of diphtheria in 1924-5, and one of smallpox in 1925.

The most important matter from the health point of view has been the housing shortage, which, becoming acute with the demobilisation after the war, has become progressively worse until last year, when real progress was made in the direction of building new houses on mass production lines.

One matter to which greatly increased attention has been directed has been the provision of a clean milk supply, and some progress has been made in educating both the public and the trade as to the importance of this. More attention has also been paid to the prevention of smoke nuisance.

As regards the Health Department, important developments have taken place during the quinquennium, more especially the acquisition of much better and more commodious premises outside the Town Hall, the reorganisation of the work of the Department, and the increase of the staff, together with some alteration in the personnel.

On the whole the retrospect is not unsatisfactory.

PART II.

Zymotic and other Diseases.

SMALLPOX IN LEICESTER DURING 1925.

Cases, 72 ; Deaths, 0.

During 1924 there had been five cases of smallpox in Leicester, the result of two importations ; the last one was discharged from the smallpox hospital at the end of September, and a few weeks later, after thorough disinfection, the hospital was again reopened for the admission of tuberculous children.

At the end of January, 1925, a case occurred in N — Street in a young woman, Gladys S — , who had contracted the disease when on a visit to her home near Atherstone. At the time of her visit her sister was ill and “ had spots ” on her, but the illness was not diagnosed as smallpox until some days later, after Gladys S — — had returned to Leicester. Information was then sent to the M.O.H. at Leicester, and Gladys S — — was kept under surveillance. She had not been vaccinated as a child, but was vaccinated as soon as she learnt that she had been exposed to infection. That was five or six days afterwards, and was not in time to entirely protect her, though the attack was of the mildest possible description. She was removed by motor ambulance to the Nottingham Smallpox Hospital, and no further cases resulted.

At the end of February, however, a fresh outbreak occurred, and although the exact source of infection was never traced, it is quite certain it was in no way connected with the case just related.

The circumstances of this outbreak, which resulted in over 70 cases (including unrecognised cases) were briefly referred to in the last Annual Report. They were as follows :—

On February 26th a notification of a case of chickenpox in an adult was received at the Health Office. Regarding the circumstances as suspicious, the M.O.H. at once visited the case and found it to be not chickenpox but a quite definite one of smallpox. The patient was a young woman, Doris C — , age 24, living in N — Road, in the North Evington District. The eruption, which was fully pustular, had been out for six days. On making enquiries,

it was elicited that the patient had been visiting a family named N—— living in G—— Road, in the same district, and that members of this family had also been ill. On visiting the N——'s house two further cases of smallpox were discovered, a son, Alwyn N——, age 19, and the father, Thos. N——, age 54. In the former, the eruption had been out for six days. In the latter it was just appearing. These two cases, together with Doris C——, were removed the same day to the Nottingham Smallpox Hospital. The N—— family consisted of 10 persons altogether, and of the remaining eight it was found that nearly all had recently been ill with symptoms of influenza followed by an eruption of "spots." A medical man (not the same as the one attending Doris C——) had been in attendance, but unfortunately the real nature of the illness had not been suspected. The result had been that no special precautions had been taken, and after laying up for a few days the patients had returned to school or work, whilst friends had come to visit them whilst ill at home. They had quite recovered when the outbreak came to light, and it was not thought necessary to remove them to the Hospital, nor were they included in the weekly returns, but they are now included in the total for the whole outbreak.

The following day it was learnt that amongst those that had visited the house was a Mrs. I——.

On visiting Mrs. I——, who lived in R—— Street, in the same part of the City, she was found in bed, also suffering from smallpox, the eruption having been out for eight days. She was under a Doctor, but the nature of the illness in this case also had unfortunately not been suspected. It may be mentioned here that three different medical men were concerned in these three families, which proves how easy it is to overlook smallpox—especially when of the mild type that these cases were—and if the practitioner is not specially on the lookout for it. Mrs. I—— was removed to the Nottingham Smallpox Hospital the day after the first three cases.

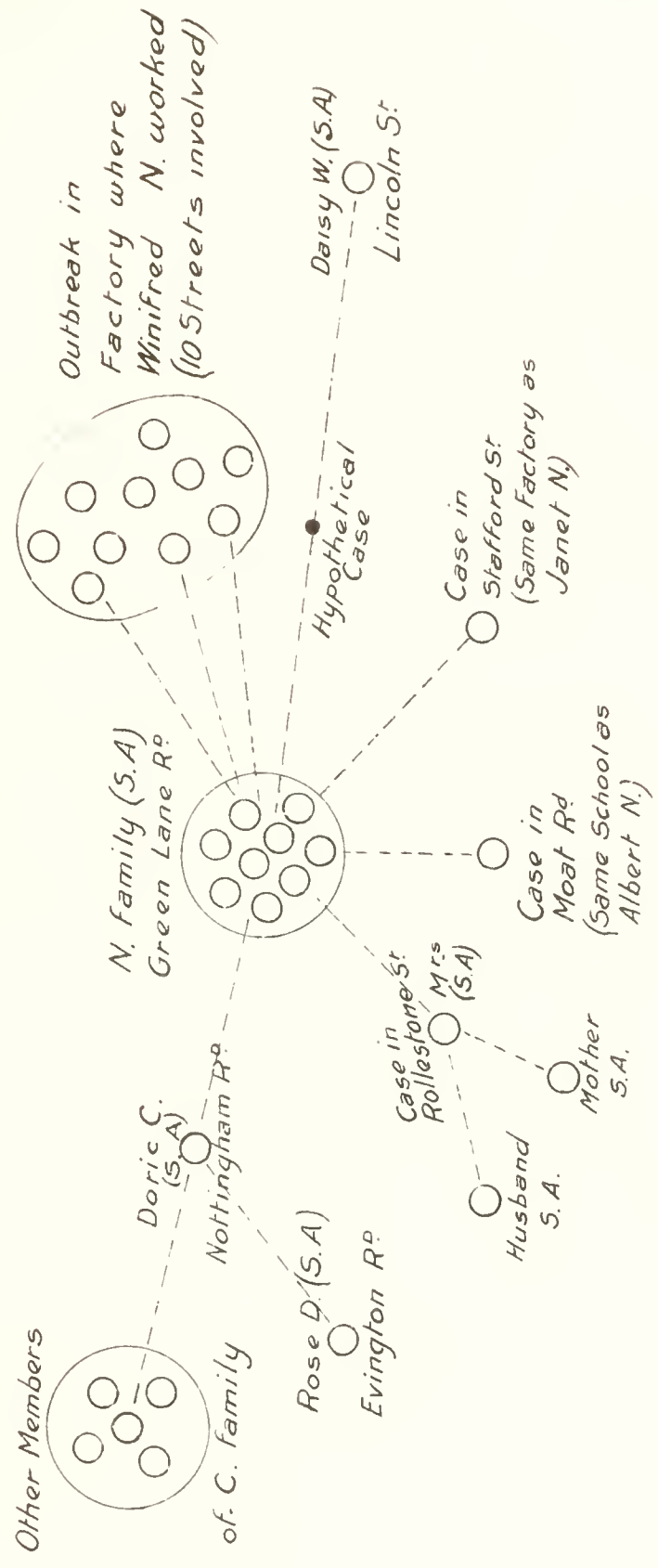
Further inquiries into the history of the N—— family elicited the following facts :—

The family consisted of father and mother and eight children, age 24 to 11 years.

The first of the family to be taken ill was one of the daughters, Ethel, age 18, the onset of symptoms dating from about January 24th. About a week later the mother and a young brother (a

SMALL-POX OUTBREAK FEB. 1925.

Diagram illustrating spread of infection from N. family at the beginning of the outbreak.



S.A. = SALVATION ARMY

schoolboy) sickened: and then two sisters and a brother (A—) on February 14th—26th, and succeeding days. Two other sisters, W— and D—, were never really ill; a slight headache was all they would admit; and they never laid up or stayed away from work. On examining the family stripped, marks on the skin, highly suspicious of a recent attack, were found in all but one of them. As confirmatory evidence that they really had suffered from the disease, I may mention that I vaccinated them all, but in no case did the vaccination take. The only member of the family to show no symptoms was the eldest son, C—, age 24, who had been vaccinated in the Army in 1918.

With the exception of W— and D—, all of the N— family had stopped from work, believing that they had influenza, and remained at home for a few days or longer, but, as already stated, no special precautions had been taken to prevent the spread of infection.

In view of all the circumstances, it was evident that we had to face a serious situation, and that we should be lucky if we escaped further extension of the outbreak. How many persons might have been exposed to infection it was impossible to say, and how many of these might develop the disease only time could prove.

On the advice of the M.O.H. the Health Committee decided to empty the Smallpox Hospital in Anstey Lane—then full of tuberculous cases in children—and get it ready for smallpox without delay. This was done, some of the children being sent home, and others transferred to the Groby Road Institution.

The Anstey Lane Hospital was ready only just in time. On March 7th a further case of smallpox was notified in a young woman working in the factory of Messrs. A. & B., where the girl, W— N—, was employed; also a man, age 28, the husband of Mrs. I—, and who was under observation, was found to have the disease. They were both removed to Anstey Lane. Two days later, four other members of the C— family in Nottingham Road were found to have the disease. They had been vaccinated at once, but owing to the delay in discovering the first case it was too late to protect them. A case was also notified in a schoolboy who attended the same school as Albert N—. The next day, March 10th, three further cases were notified, two of these being employees at the factory of A. & B., the other from a house where the N—'s washing was done. On March 11th four more employees at the factory of Messrs. A. & B. were notified. The next day there was one more case from Messrs. A. & B. On March 13th

there were four cases, one being from the same factory, and one from the factory where another of the N— family was employed ; whilst of the other two, one was the mother of Mrs. I—, and the other was a friend who had visited D— C—. Altogether, in the week March 7th to 13th, there were 19 cases, all of them, together with some others which occurred a few days later, having been infected before the existence of the outbreak was first discovered. Then, happily, the outbreak rapidly declined. Unfortunately, however, the disease had by this time been fairly widely diffused. The first 26 cases represented 17 different infected houses in 17 different streets. In particular, the factory of A. & B. had been heavily hit, no less than nine of the employees having been attacked, all presumably infected by the girl, W— N—, although direct contact could not in all cases be proved.

Active steps were at once taken to deal with the outbreak. All cases were at once removed to hospital, the houses disinfected, the other inmates offered vaccination (which in the great majority of instances they accepted) and all possible contacts diligently searched out and kept under surveillance in the usual way. Success in fighting smallpox largely depends upon the thoroughness with which this work is carried out, but it can only be really effective if no “ missed ” or unrecognised cases occur.

In the case of the A. & B. factory, considerable concern was naturally felt, both by the management and the employees, at the occurrence of so many cases, all in the course of a few days. Moreover, one at least of the cases had returned to work with the eruption just appearing. Under all the circumstances, it was decided that the proper course to take was to offer vaccination to the whole of the employees, nearly 200 in number. All but about 20 consented to be done. Accordingly, a sufficient supply of lymph having been obtained by wire from the Government, the M.O.H. and three assistant Medical Officers from the Health Department (Dr. Thomson, Dr. Smith and Dr. Dent) together with several Nurses, and also assisted by the Public Vaccinator (Dr. Salomon) went to the factory the same afternoon that the decision was arrived at, and vaccinated all who were willing. The following day, almost all of the 20 who had stood out signified their wish to be done also, and this was complied with. As regards those vaccinated by Officers of the Health Department one “ mark ” only was considered by the M.O.H. to be sufficient.

The vaccinations ran their usual course ; several of the employees were ill for about a week or ten days, but as the firm

had decided to close the factory for a week for cleaning and disinfection, they could not have worked if they had wished to. All made satisfactory recoveries.

It is interesting to note that only one further case of smallpox occurred in this factory, and this was so slight that there was some difficulty in diagnosing it. The date of the eruption, which only consisted of about two pustules, was consistent with the man having been vaccinated just a day or two too late to entirely protect him.

The success with which the outbreak in this factory was stamped out was highly gratifying; the decision to vaccinate practically the whole of the workpeople and staff in a factory was certainly drastic and exceptional, but the circumstances seemed to call for it.

As already stated, the number of fresh cases in the City quickly fell off after the first three or four weeks. It is probable that in addition to the cases actually discovered there were one or more other cases of a slight character which never were discovered, with the result that the infection was kept alive, and cases began to crop up unexpectedly, not only in the same district, but in other parts of the town. Owing to this the task of completely stamping out the outbreak was rendered much more difficult. Odd cases kept occurring in a most tantalising way, one or two every week or two, and it was not until the beginning of August that it was possible to close the Smallpox Hospital. The last case in July was clearly a fresh importation, the patient having been in contact with a case of smallpox in another town when on a visit.

A month after this last-mentioned case, two further cases (both young men) occurred, the source of which could not be traced beyond the fact that they were employed in the same printing works. These two cases were removed to Nottingham. Then, three weeks later, another case occurred in a married woman, apparently in no way connected with the last-mentioned cases, and this case also went to Nottingham. From that time on until the end of the year no further trouble was experienced with smallpox.

Of the 72 cases which occurred during the year, 37 were males and 35 were females.

The ages were as follows :—

0 to 5	5 to 15	15 to 40	over 40
4	14	44	10

All the cases recovered. Most of them were very mild. Only three of the cases were really severe, viz., Mr. I—, age 28 ; a girl, Vera S—, age 14 ; and a girl, Edna B—, age 17. In the first two cases the eruption was confluent on the face. In the case of Mr. I— the man was really ill for two or three weeks. There was a high temperature and severe constitutional symptoms, and he developed pleurisy with effusion and hydrocele as complications. He ultimately made a good recovery, but was in hospital for seven weeks. The other two severe cases were in hospital for seven and five weeks respectively. Most of the cases were only detained in hospital for three weeks. All these three cases were unvaccinated, nor were they amongst the nine unvaccinated cases who were vaccinated in the incubation period.

Condition as to Vaccination.

		Cases.	Deaths.
Vaccinated ..	..	8	0
Unvaccinated ..	..	64	0
		—	—
Total ..	..	72	0
		—	—

Of the eight vaccinated cases the youngest was age 16 years, and all the others were over 40, four being over 50 years. All had been vaccinated in infancy except one patient, age 53, who had been vaccinated at the age of 15.

The vaccinated patient, age 16, was Rose D—, a domestic servant. She had four marks, of a total area of $\frac{5}{8}$ square inch.

Nine of the cases classed as “unvaccinated” had been vaccinated during the incubation period, i.e., after exposure to infection and after they had already contracted the disease. The eruption of smallpox appeared from five to eleven days after vaccination.

The figures regarding vaccination are much too small to generalise from, but the large excess of unvaccinated cases is largely accounted for, of course, by the fact that in Leicester a large majority of the population are unvaccinated. I do not propose to discuss here the value of vaccination beyond saying that however doubtful the ultimate effect of vaccination upon the *community* may be, and however unnecessary in my opinion compulsory vaccination may have become under modern conditions, I am quite convinced, beyond a shadow of a doubt, that vaccination *does protect the individual* for a number of years. This belief

has always been confirmed by past experience of smallpox in Leicester, and nothing in the epidemic now under consideration throws any doubt whatever upon it. Those who deny this effect of vaccination are, as I have said elsewhere, beating their heads against a stone wall— the stone wall of established fact. By such tactics they exhaust themselves and do not advance the cause they have at heart.

Smallpox Hospital Staff.

The staff engaged in the Smallpox Hospital at one time or another during the outbreak consisted of 1 Sister, 4 Nurses, 2 Maids and 1 Porter. All these had been recently vaccinated, or re-vaccinated. Needless to say, not one of them developed any trace of the disease. This has been the invariable experience at the Leicester Smallpox Hospital, *without a single exception*, during the past 25 years.

Removal to Hospital.

Of the 72 cases occurring during the year, 63 were removed to hospital, eight to the Nottingham Smallpox Hospital at Bagthorpe, and the others to the Hospital in Anstey Lane.

Of the nine cases not removed to hospital, seven were cases which had ceased to be infectious before they were discovered. The other two were the cases of Mr. and Mrs. L——. They had a young baby dying from pneumonia. It was out of the question to separate mother and babe under such circumstances, and it was therefore decided, contrary to our otherwise invariable practice, to isolate the cases at home. They only had slight attacks, and I have no reason to think that any spread of infection resulted.

History of Smallpox and Vaccination in Leicester.

It is no exaggeration to say that, in certain circles, not only in this country, but in many parts of the world, the name of Leicester is better known in connection with the subject of vaccination than in any other way.

For 40 years Leicester has been carrying out a unique and very interesting experiment in the prevention of smallpox without resort to compulsory infant vaccination, which the orthodox still profess to regard as the first and principal line of defence.

Leicester has sometimes been referred to as the Mecca of the Anti-vaccinists, and it is certain that whenever the case against vaccination is presented, the example of Leicester is almost

invariably quoted. Nor is this surprising. When the town of Leicester first revolted against the Compulsory Vaccination Acts it was sincerely believed, and confidently predicted, that the result would be disastrous. Year after year passed by and Nemesis, in the form of a devastating and fatal epidemic, so confidently predicted, failed to arrive. The prophets continued to say: "Only wait and disaster will surely come; there is not yet a sufficient proportion of unvaccinated persons in the population to afford a real test." This continued all through the first two decades of the experiment. There was some smallpox, but it was not excessive. During the next two decades, however, in spite of the increasing accumulation of unvaccinated persons, the results as regards smallpox were still more remarkable. There were only 78 cases, and not a single death. Can we wonder, then, that those who contend that universal vaccination of the population is not necessary for the effective control of smallpox, feel that the case of Leicester constitutes a very strong argument in favour of their view!

It may be argued, of course, that Leicester is only one town, and that her comparative immunity can be ascribed to sheer good luck. Against this, however, is the fact that Leicester does not really stand alone. She is no doubt the most striking example, but other towns have had a similar, if less lengthy, experience. Indeed, almost the whole country is rapidly following Leicester's example—the proportion of children vaccinated throughout England and Wales falling year by year until in 1921 it was less than 40 per cent. Since then it has gone up a little, but in 1923 it was still under 50 per cent.

Vaccination Returns.

The figures for 1925 were as follows:—

Public Vaccinations, 187. Private, 96. Total, 283.

Exemptions granted, 3,908.

As there were 4,197 births, the proportion of vaccinations to births was 6.7 per cent.

In 1924 the vaccinations numbered 260, or 5.9 per cent. of the births. The year before the number was 284, or 6.1 per cent. The trifling increase in 1925 was doubtless attributable to the occurrence of smallpox. It has sometimes been stated by persons unable to account for the comparative freedom from smallpox of unvaccinated Leicester that when the disease does occur in Leicester the public rush to get vaccinated. Such a supposition is, of course,

quite erroneous. In this connection I may mention that towards the end of the outbreak last year a medical practitioner, who had not been many years in Leicester, told me that at the beginning of the outbreak he had laid in a stock of 100 tubes of vaccine, anticipating that there would be a big demand for it. So far was this from being the case that he had barely used a dozen tubes!

During the 41 years, 1885 to 1925, the births have numbered 216,361, and the registered vaccinations, public and private, 19,827, equal to an average of 9.1 per cent.

During the past 18 years, the percentage has been still lower, viz., only 6.7 (the same figure as last year).

CHICKENPOX.

For eight months during the year, viz., from January to August, Chickenpox was notifiable in Leicester, the total number of notifications received being 639. Local Authorities have the right of making Chickenpox notifiable for definite periods subject to the sanction of the Ministry of Health. This step is frequently taken as a precautionary one, in the presence of smallpox, owing to the close resemblance of the two diseases and the ease with which smallpox can be mistaken for chickenpox.

But if full advantage is to be obtained from the notification of chickenpox it is desirable that the diagnosis should be checked (by an expert Medical Officer) in as many of the cases notified as possible. When chickenpox is prevalent, however, as was the case last year, the visiting of even a majority of the cases necessarily entails a great deal of work. Fortunately, it was possible to arrange for Dr. Wilfrid Smith, Assistant Tubercular Officer, to give assistance to the Medical Officer of Health in this matter, his ordinary work being reduced as far as possible. I wish to acknowledge here the willing and ready help Dr. Smith gave me.

A special notification form for chickenpox was drawn up, and Medical Practitioners were asked, when notifying, to give certain information as to dates, symptoms, &c., which obviated the necessity of visiting all cases.

Apart from notification, all Medical Practitioners in Leicester are cordially invited to consult the Medical Officer of Health whenever they have a case of chickenpox or of any other disease in which the least suspicion of smallpox arises, and a very large number of such cases every year are referred to the Medical Officer of Health for his opinion. In the very great majority, of course, the disease is found not to be smallpox.

SCARLET FEVER.

Cases, 774. Deaths, 10. Case mortality, 1.2 per cent.

Removed to Hospital, 536 = 69 per cent.

A sharp rise in the incidence of this disease occurred in September, and during the last quarter of the year it was unusually prevalent, with the result that the total for the year was rather higher than for several years.

			Cases Notified
1st Quarter	..	..	105
2nd	..	..	108
3rd	..	..	193
4th	..	..	368

The cases were, on the whole, of a mild type, though the number of fatal cases (10) was a little higher than usual. The ages of these ranged from 9 months to 5 years.

During September, several cases occurred in connection with Granby Road Council School, and from then till the end of the year a total of some 18 cases occurred in children attending this school. As the disease was prevalent in the neighbourhood, and as the incidence was not confined to a particular class, it was not thought necessary to close the school.

“ Return ” Cases.

There were nine instances where, after a patient had returned home from Hospital, another child developed the disease within a period of six weeks, or a percentage on the admissions of 1.6. This is less than is often the case.

DIPHTHERIA.

Cases notified, 350. Deaths, 34. Case mortality, 9.0 per cent.

Cases removed to Hospital, 336.

Percentage removed to Hospital, 96.0.

It will be recollected that diphtheria became prevalent in the City during the latter part of 1924. It continued to cause anxiety for the first few months of the year under review, but in May it dropped to about the normal, and remained so until almost the end of the year. Some increase occurred in the second half of December, but it fell again in January.

The total number of fresh cases in 1925 was 350, compared with 429 in 1924.

The deaths numbered 34, being the same as in the previous year. The fatality, therefore, was somewhat higher.

			Cases
1st Quarter	..	..	154
2nd	..	..	77
3rd	..	..	38
4th	..	..	81
			<hr/>
			350
			<hr/>

Age Incidence of Deaths.

Nineteen of the deaths were in children under 5 years, 14 others were aged 5—20, and one was over 20.

One tragic case, which illustrates how serious the disease may be even in adults, was that of a young woman age 20 who went to a public dance and was taken ill with sore throat the following day. She rapidly became worse and died four days later.

No particular area or district was specially affected, nor was it necessary to close any schools during the year, but several cases occurred in connection with a Boys' Home, most of which, however, were only slight cases and all recovered.

Four nurses and four patients were attacked with the disease at the Royal Infirmary and two nurses and the Medical Superintendent (Dr. Silcock) were attacked at the Isolation Hospital. All these institution cases recovered.

The etiology of diphtheria was discussed at some length in the last Annual Report, so it is not necessary to deal with it further here.

Immunisation against Diphtheria.

In the last Annual Report reference was made to a method of immunising susceptible individuals against diphtheria by inoculation. This method is now coming to be regarded as a wise course to take in the case of persons specially and necessarily exposed to infection, e.g., nurses in diphtheria wards, although it cannot be relied upon as an absolute protection. In certain towns, e.g., New York, on the other side of the Atlantic, at Edinburgh, and in one at least of the London Boroughs (Holborn) attempts have been made to reduce the incidence of diphtheria by applying the same method of inoculation to the whole of the child population, or rather to all those children who are believed to be susceptible through a preliminary application of the Schick Test.

It is too soon yet to arrive at any definite conclusion as to value and practicability of this method, as we do not know enough about

- (1) the reliability of the Schick Test ;
- (2) the duration of the protection conferred by inoculation ;
- (3) the freedom of inoculation from unpleasant consequences,

to justify us in speaking very dogmatically on the subject.

The Ministry of Health, however, are favourably disposed to the measure, and, so far as experience in this country goes, it seems to be reasonably safe and free from unpleasant consequences.

Apparently it is a less serious proposition than vaccination against smallpox, and as diphtheria to-day is a much more serious danger than smallpox, the arguments in favour of inoculation against diphtheria—as soon as its value is established—may reasonably be regarded as stronger than those in favour of vaccination, so far as the general public are concerned.

In Leicester it is probable that many parents would at first object on principle to their children being inoculated, but as it would be entirely optional and subject to the parents' consent, without any question of compulsion, objection to it would doubtless disappear in time if it could really be shown to be of value. In the meanwhile the experience of those towns which are trying it will be carefully watched.

A modified form of passive immunisation has occasionally been adopted in special cases by Medical Practitioners for many years, viz., by the administration of a small dose of antitoxin to other members of a household in which diphtheria has occurred. There is, however, the drawback to this method that it is apt to produce " sensitiveness " to serum, and if one of those thus injected should nevertheless subsequently develop diphtheria it is apt to interfere with the routine treatment of the disease by antitoxin. It is probable that the more modern method of immunising with " toxin-antitoxin " or " toxoid " is preferable.

Free Provision of Anti-diphtheritic Serum.

During the year 66 Medical Practitioners were supplied by the Health Department with a free supply of serum, the amount given out being 123 doses of 8,000 units, and 10 of 4,000. The recognised initial dose is 8,000.

ENTERIC (TYPHOID) FEVER.

Cases, 4. Deaths, 1.

Enteric Fever would certainly seem to be one of those diseases which are leaving the country. At one time such a serious menace, it has now become one of our rarer Zymotics. During the year only six notifications were received, and of these two can be ruled out as almost certainly not cases of enteric.

The number of cases in previous years has been :—

1918	..	34	|	1922	..	9
1919	..	30	|	1923	..	6
1920	..	15	|	1924	..	5
1921	..	27	|	1925	..	4

It must not be assumed, however, that we have seen the last of the disease, for in the seven years, 1911-1917, a similar steady fall took place, and after which the incidence again jumped up in 1918.

DIARRHŒA AND ENTERITIS.

The annual epidemic of diarrhœa, which 20 years ago used to take such a terribly heavy toll of infant life every summer and autumn, has now become almost a thing of the past. In 1925 the deaths from diarrhœa, together with those from enteritis (usually only another name for the same complaint) numbered 67, which happens to be exactly the average for the past ten years. Twenty-five years ago the figure would have been three or four times as great.

We do not know what factor has most contributed to bringing about the reduction. It has been suggested that the advent of the motor-car and self-propelled vehicles, by displacing horses, may have largely contributed to it. Horses mean horse manure, and heaps of horse manure are a favourite breeding ground for the domestic fly, which is regarded as probably the chief carrier of the diarrhœa germ. Owing to its habit of settling on milk and other food it is easy to understand the mischief it may do.

MEASLES.

Measles unfortunately was prevalent during the year 1925, after being comparatively absent during 1924. The deaths numbered 43, all but one being under five years of age. The figure, although regrettable, is not as bad as was often recorded in bygone years. For the past five years the deaths from measles

have not exceeded 50 in any year, whereas in 1920 there were 83 ; in 1919, 98 ; and in 1916, 140. We may hope, therefore, that some improvement is taking place.

WHOOPING COUGH.

This troublesome and infectious complaint of childhood is almost equally as serious as measles, and in 1925, indeed, it caused more deaths, viz., 69. During the past ten years in Leicester measles has been responsible for an average of 50 deaths per annum, and whooping cough of 32.

PNEUMONIA.

Cases notified, 239. Deaths registered, 245.

It is now recognised that pneumonia should be classed with the zymotic or germ diseases. Although it seldom appears to be infectious, its pathology and clinical course clearly point to its having a bacterial origin. It was made a notifiable disease six years ago, though it is very doubtful if there is any real advantage obtainable from this at all commensurate with the expense entailed. During 1925, 239 notifications were received, and there were 245 deaths registered. As a considerable proportion of cases recover, it is obvious that many of the cases occurring escape notification.

The age distribution of the deaths was as follows :—

Under 5 years	..	..	102
5—20	..	..	14
20—40	..	..	27
40—60	..	..	41
60—80	..	..	52
Over 81	..	..	9
			<hr/>
Total	..	..	245
			<hr/>

ENCEPHALITIS LETHARGICA—"SLEEPY SICKNESS."

As was mentioned in the last report, the increase which has taken place in the number of cases of this obscure and serious disease throughout the country is a cause for considerable anxiety. During 1925 there was a further slight increase in the number of cases notified in Leicester, viz., 26, as against 22, 12, and 6 in the three preceding years. There were ten deaths recorded, giving a case mortality of 38 per cent.

It is not only the fatal character of the disease which makes it so serious, but also the fact that in many of the cases which recover there are permanent after-effects which often take the form of impairment of the mental functions or deterioration of character.

Of the cases notified, 19 were in males and seven in females. Five of the cases were under 15 years of age, ten were 15-40 years, and eleven were over 40 years.

As regards the two other allied diseases of the nervous system, only two cases were notified of cerebro-spinal fever, and none of poliomyelitis.

OPHTHALMIA NEONATORUM.

During the year 37 cases of Ophthalmia Neonatorum (inflammation of the eyes in the new-born) were notified. All these cases were visited and followed up by the Health Visitors (except when occurring in a public institution). Of the 37 cases referred to, 31 made complete recoveries, one died, two left the town, and three were still under treatment at the end of the year.

There seems little doubt that far less blindness is being caused by ophthalmia to-day than was formerly the case, and this may reasonably be attributed to:—

- (a) The effect of the V.D. treatment centres.
- (b) Greater care taken to prevent infection of the eyes of infants at the time of birth.
- (c) The following up of such cases of ophthalmia as do occur to ensure that they receive proper attention.

Very many of the cases of ophthalmia notified, especially by midwives, are of a comparatively trifling character, and, strictly speaking, hardly come within the category of true ophthalmia neonatorum. It is obviously better, however, to err on the side of excessive caution rather than the reverse.

SCABIES (ITCH).

This contagious disease is not a notifiable one, consequently we have no direct knowledge as to its prevalence and can only deal with such cases as apply for treatment or which are discovered in the schools.

The number of cases now occurring is far less than was the case some years ago.

The baths installed in the Basement at the Health Offices continue to render useful service, though comparatively few cases now come for treatment. During the year the number was 17 including three adults.

TUBERCULOSIS.

The number of fresh cases notified and of deaths registered during 1925 was as follows :—

	Cases.	Deaths.
Pulmonary Tuberculosis (Phthisis)	606	305
Other forms of Tuberculosis		
(" Surgical ")	77	59
Total	683	364

The number of notifications shows a reduction, but the number of deaths, which of course is the more important, shows an increase. It is difficult to explain this, but fluctuations always tend to occur.

More detailed figures will be found in the Report of the Tuberculosis Officer in Appendix I., in which a full account is given of the work of the Tuberculosis Dispensary. The subject is also dealt with in the Report of the Medical Superintendent of the Sanatorium in Appendix II.

CANCER.

During the year 318 deaths were registered as due to cancer and malignant disease, of which 141 were in males and 177 in females.

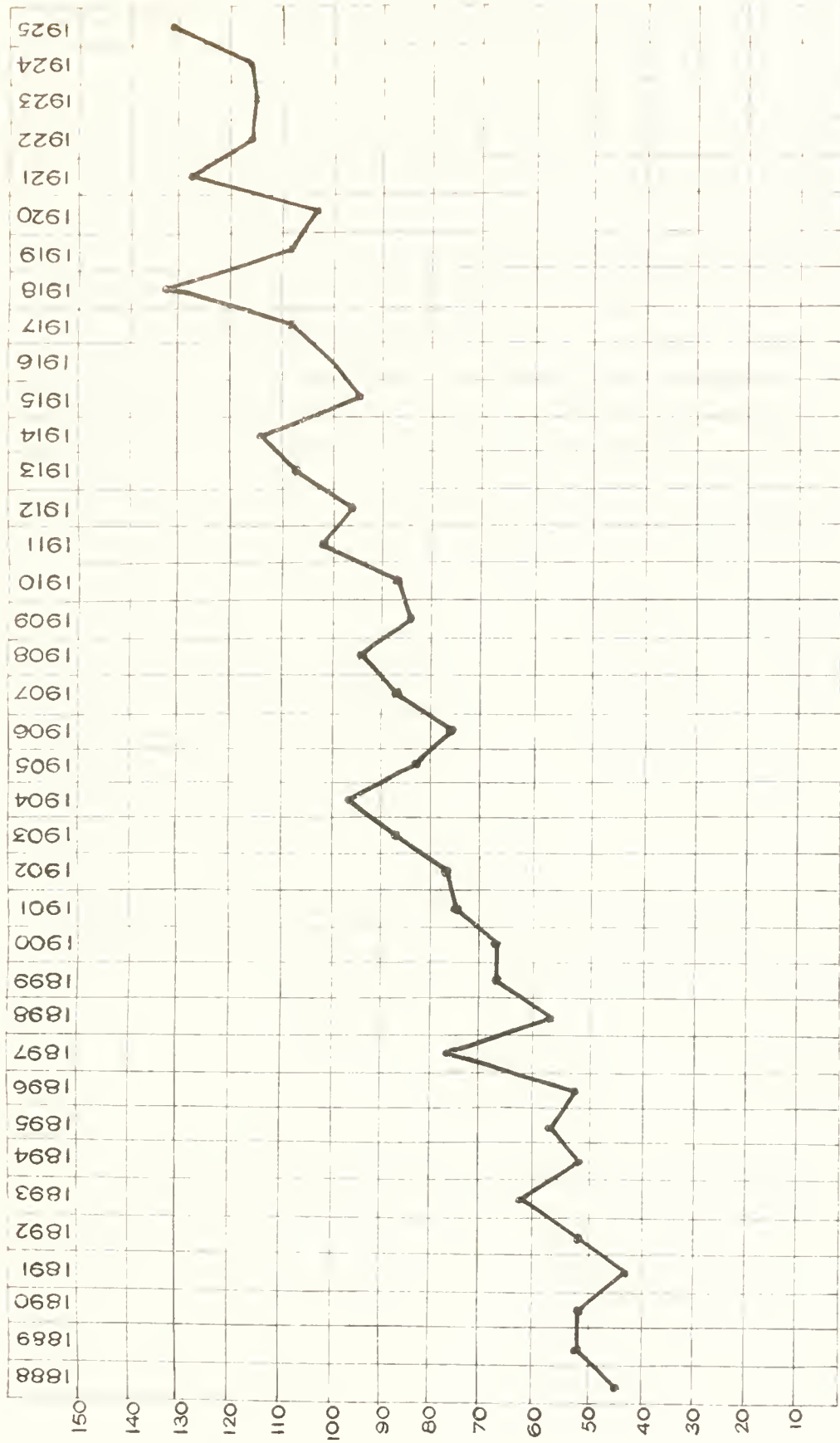
The figures show an increase on previous years, and are the highest hitherto recorded, though in proportion to population the figures for 1918 were equally high. The cancer death-rate was 1.31 per 1,000, and the cancer deaths amounted to 10.1 per cent. of the total deaths.

Between the ages of 40 to 60 there were 35 deaths of males and 72 of females. At this particular age-period cancer is terribly prevalent in women, and no less than 24.4 per cent. of the total deaths in that period, or practically 1 in 4, were due to cancer! Over 60 years of age, though there were actually more cancer deaths, the proportion to all deaths was only 12.4 per cent. Cancer statistics for previous years will be found in Table 14, whilst other particulars are given in Table 15.

CHART 2

CANCER DEATH RATE IN LEICESTER, 1888-1925.

PER 100 000 POPULATION



This chart shows graphically the serious increase in Cancer which has been taking place during the past 38 years

LOCAL CANCER COMMITTEE.

Reference was made in the last Annual Report to the formation, at the suggestion of the Ministry of Health, of a Local Cancer Committee in Leicester, consisting of leading surgeons and physicians together with lay representatives from the Health Committee, Royal Infirmary, and other public bodies.

Similar Local Cancer Committees have been formed in other large Cities—about 12 in all.

It was also mentioned that, at the request of the Ministry, and with the co-operation of the Royal Infirmary, a statistical inquiry had been undertaken into cases of cancer of the breast operated upon at the Royal Infirmary during certain past years. Inquiries on similar lines are being carried out in other large cities. The results of this inquiry may be summarised as follows :—

The period covered was the four pre-war years, 1910-13, and the three post-war years, 1919-21. The time which had elapsed since the cases occurring in these years were operated upon ranged from three to fourteen years. The object was to ascertain what had happened to the cases since their operation.

Hitherto little or no attempt had been made to follow up cases operated upon, and there were no local statistics available to show what were the ultimate results of operation for cancer of the breast. It was known, of course, that a number of the cases came back, after varying intervals, with recurrence of the disease, but the fate of those cases who did not return was not known. Some of the cases were known to be alive and well, but there were no statistics showing the proportion of cases which recurred and of those which kept free from recurrence.

It was also hoped to be able to show how far the chances of permanent recovery were influenced by the length of time which had elapsed after the disease was first noticed before the operation was performed, and by the stage at which the disease had arrived at the time of operation.

It was not expected that the results of any one city taken alone would settle the matter, but if similar data could be collected from a number of cities the figures might be of considerable value.

The first step was to arrange for the records at the Royal Infirmary to be searched for the years decided upon, and for all data relating to operation cases of cancer of the breast to be abstracted.

Dr. Braithwaite and Mr. Guillim (House Surgeon) undertook this work. Unfortunately, they found that the data available were far from complete as regards many of the cases. This is not surprising. The medical staff at the Royal Infirmary are almost always working at high pressure, and the keeping of records, as can easily be understood, is very apt to be crowded out by more urgent work.

However, records of some kind were obtainable relating to 164 cases of cancer of the breast which had been operated upon during the years decided upon. Of these 88 related to Leicester cases, and 76 to cases coming from outside.

The next step was to search our deaths registers, and in this way many of the cases could be written off as having died. Attempts were next made to get into communication with the remaining cases or their friends. Here again difficulty was encountered; many of the cases had changed their address, and it was not found possible to trace them. This was specially true of the earlier years.

However, very many of the cases or their friends replied to our inquiries, and it was ultimately possible to prepare the following table :—

Total cases operated upon	..	164
Cases still alive	.. .. 32*	
Cases known to have died :—		
(a) From Cancer	.. 74	
(b) From other causes	.. 4	
(c) Cause not known	.. 5	
	— 83	
Lost sight of	.. .. 49	164
	—	—

The four cases which died from causes other than cancer may fairly be added to the 31 cases still alive and free from recurrence, and the 35 cases be counted as successful cases in contrast with the 74 cases which had died from cancer. It is very probable, of course, that many of the cases lost sight of are still alive, so that it may well be that in reality the results are better than they appear, but even as they stand, it means that over 30 per cent. of the cases of cancer of the breast operated upon may be regarded as successful.

But if the data had been sufficiently complete to show the stage at which the disease had arrived at the time of operation, there is little doubt that we should have found that the results in those cases operated upon in the first stage (i.e., before any involvement

*All but one of these had kept free from recurrence for periods varying from 3 to over 10 years.

of the glands in the axilla had occurred) were very much better than 30 per cent. Indeed, this has been established by the experience elsewhere—notably at Leeds, from which city very complete records were obtainable.

Thus, it was found as the result of the Leeds inquiry that of cases of cancer of the breast operated upon in the first stage, no less than 87 per cent. were alive at the end of five years, and 77 per cent. at the end of ten years after operation.

Referring to these figures the Ministry of Health Medical Department observes:—

“ The results shown in the Tables are such as cannot fail to afford the liveliest gratification to the surgeons concerned, which will unfortunately be coupled with regret that all cases do not attend hospital in the early stages of the disease. The data for the period 1910-13 are unique because there are no other published figures dealing with as many as 61 cases, of whom 59 have been traced for a period of from 10-14 years. These tables should effectively disperse that pessimism as to end results which appears to be a feature attending the surgery of cancer in this country. Attention was appositely drawn to this point by Sir George Newman in the Annual Report for 1924. He pointed out that unless there is a system of following-up for all cases operated upon, only those who have recurrence will return to hospital, thus producing a false and pessimistic impression on the mind of the surgeon.”

One well-known fact which was confirmed by the Leicester inquiry was the length of time elapsing after the first appearance of the disease in the breast and the date of the operation. Out of 81 cases in which the duration of the disease was approximately known and recorded the trouble had been present for *over 6 months* in 58 cases, or in 71 per cent.

If women could be made to realise the danger of delay and that the occurrence of a little lump in the breast (after the age of 40) should always arouse a strong suspicion of cancer, in spite of the fact that it causes no pain or discomfort, these long delays before operation ought not to occur.

But the situation is really worse than this. A large proportion of cases of cancer of the breast are never operated upon at all, with the result that the one means by which the disease might have been got rid of was not taken advantage of.

It is because of these sad facts that active propaganda in connection with this subject is so necessary.

Cancer—Treatment by Lead.

Great interest has been aroused by the method of treating cancer by means of injections of lead salts devised by Professor Blair Bell of Liverpool.

Lead is a highly dangerous drug, which has a highly toxic effect on the human organism, but apparently it has a selective effect upon cancer cells, being even more destructive to them than to normal cells. The problem has been to find the best and safest method of administration, i.e., the most suitable preparation of lead, the proper size and frequency of dose, and the best manner of introducing it into the system, so as to get the best effect as regards destruction of the cancer cells with the minimum of danger to the patient. At present, one can only say that the method is still in the experimental stage, and that in unskilled hands the remedy may easily lead to disaster; but that the results obtained, after several years of study and experiment, by Professor Blair Bell and his group of co-workers are certainly very remarkable and encouraging.

At a recent meeting of the Medical Society of London it was stated by Professor Bell that out of 207 cases treated by him during the past five years 31 were believed to be cured, and in 10 others the disease had been arrested. Fourteen other cases were too recent for results to be estimated.

In considering these figures it should be borne in mind that most, if not all, of the cases treated were hopeless inoperable cases, which, apart from treatment, would certainly have proved fatal.

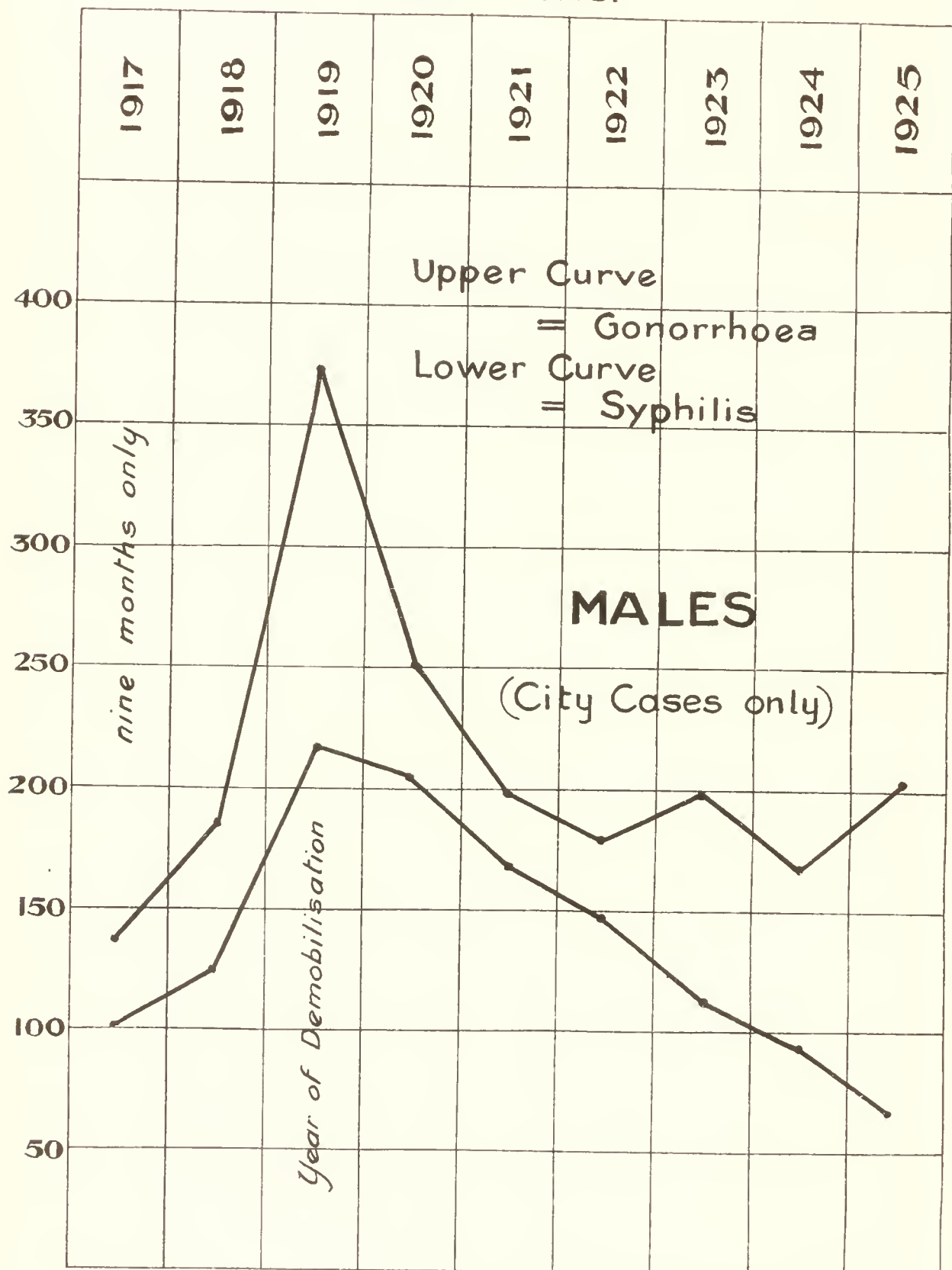
Professor Bell is careful to disclaim having discovered a "cure" for cancer in the popular sense. We should rather describe it as a method of treating cases of cancer which is apparently yielding remarkable results. When the disease can be removed by operation, and the operation is performed at once without delay, that is still the wisest course at present.

VENEREAL DISEASE.

In Appendix V. will be found the reports of the V.D. Officers, Drs. H. Blakesley and Bessie Symington, on the work of the V.D. Clinics, male and female, carried on at the Royal Infirmary and paid for jointly by the City and County; also on the work of the special V.D. Clinic held at St. Mary's Home, for which the City alone is responsible.

CHART 4.

VENEREAL DISEASES. NEW CASES IN MALES, ROYAL INFIRMARY CLINIC 1917 - 1925.



The increase in Venereal Disease in Males which accompanied Demobilisation after the War was very marked. The subsequent decline is well shown.

In Table 12 will be found a statement of the number of cases dealt with. It is satisfactory to be able to record a further diminution of the number of fresh cases of syphilis, both in males and females, a reduction which is brought out clearly in the case of males in the accompanying graph.

Syphilis in males has been falling ever since 1919, the year of demobilisation, and in females since 1921, the total number of fresh cases of both sexes appearing for treatment last year being little more than one-third of what it was five years before. This is eminently satisfactory, for presumably it indicates a real decrease in the prevalence of the disease. It may largely be attributed to the preventive aspect of the work of the clinics in rendering patients non-infectious.

As regards gonorrhœa, the reduction has been much less marked, indeed in 1925 there was an increase in both sexes. Why gonorrhœa should not have shown the same improvement as syphilis is not easy to explain, unless it be because the treatment for gonorrhœa is, admittedly, less effective than in the case of syphilis.

Propaganda.

Important though it is that effective treatment should be readily available for all sufferers if the dire effects of venereal disease upon the community are to be minimised as far as possible, the ideal to be aimed at is, of course, to *prevent* these diseases rather than to try and cure them after they have been contracted. At the best, treatment is very tedious and slow, often ineffectual, and necessarily expensive.

Unfortunately, the prevention of V.D. is a most difficult and uphill task, to accomplish which the moralist, the educationalist and the sanitarian must join their forces. Opinion may differ as to the relative efficiency of these, but the general trend of thought to-day is that each is of value and may contribute something. Attempts were made in Leicester a few years ago to bring home to the public the shipwreck of health and happiness which venereal disease so often brings about, by means of the showing of special propaganda films. These films were witnessed by crowded audiences, and it cannot be denied that the film story is a most effective method of propaganda, perhaps *the* most effective method which we possess to-day.

SEX HYGIENE LECTURES.

These were carried out on the same lines as in previous years.

In the secondary schools Dr. Courtenay Weeks was secured for the boys and lectured both at Wyggeston School and at Alderman Newton's, the boys from the City School also attending at the latter.

Dr. Winifrid Cullis lectured at the Wyggeston Girls' School, the girls from the other secondary schools being also invited.

Both these two lectures have been repeatedly commended by the Heads of the respective schools. Last year Miss Heron wrote, in reply to an enquiry, whether there was anyone else she would like to have to address the girls :—

“ I cannot imagine anyone whom we would prefer to Dr. Cullis, if she is willing to come.”

As regards Dr. Weeks, Mr. Kingdom, Headmaster of the Wyggeston School, from whom a letter of appreciation was given in the last report, wrote to me again (July 7th, 1925) after the last lecture. The following is an extract :—

“ I feel that the Health Committee is warmly to be congratulated on undertaking this responsibility, and on having secured so suitable a lecturer as Dr. Weeks. It is no easy task to speak to the adolescent on sex hygiene, and I feel that our boys (among whom was my own son) were highly privileged in being able to hear so helpful an address, and to come into contact with so virile a personality. The good which such a lecture can do is incalculable”

Mr. R. L. Ager, Headmaster of Alderman Newton's School, wrote :—

“ I feel that I cannot speak too highly of Dr. Weeks' lecture on Thursday last. He was as good as ever . . . I think you know that I believe these lectures to be of the utmost value to our boys. My only suggestion is that they should be given, in rather a different form, to younger boys.”

The Rev. F. Gater, Headmaster of the City School, wrote :—

“ I consider the yearly lecture given by Dr. Weeks to the boys just leaving school to be most useful and very necessary. It comes at a time when some guidance is very advisable . . . What he says, will, I am sure, sink deeply into their' minds and should help them to run straight. . . I cannot conceive of anything but lasting good resulting from the excellent ' heart to heart ' talks of Dr. Weeks.”

It has been thought well to give these quotations because they should help to reassure any who may have misgivings as to the wisdom of handling this subject of sex hygiene in a large gathering of boys, and who perhaps think that instruction, if given at all by anyone but a boy's own father or guardian, should be given individually. As a matter of fact many fathers find it very difficult to speak at all on this subject, and the close personal relationship is itself apt to constitute a barrier causing serious embarrassment on both sides, whilst in large secondary schools the numbers to be dealt with would make it almost a physical impossibility for a headmaster to deal with every boy separately and adequately.

As regards the Evening Continuation Classes, lectures were given as in previous years at the different Centres, the lecturers for boys being Mr. J. Halford and Mr. P. A. Johnson, both Council schoolmasters; whilst those for girls were Mrs. Beddow and Miss G. Hazel.

The total attendances were :—

	Seniors.	Juniors.	Combined S. and J.	Total.	No. of Lectures.	
Boys	288	50	52	390	..	19
Girls	265	86	46	397	..	27

The average attendance was 20 per lecture for Boys and 15 for Girls.

PART III.

Maternity and Child Welfare.

The statutory Maternity and Child Welfare Committee (appointed under the provisions of the Maternity and Child Welfare Act) consists, in Leicester, of the full Health Committee, together with five co-opted women members. In practice the work is carried out by a Sub-Committee consisting of ten members of the Health Committee, together with the co-opted members. When the minutes of this Sub-Committee are submitted to the Health Committee for confirmation, the co-opted members are invited to be present.

Staff.

Dr. Helen P. Dent continues in charge of the M. & C.W. sub-department, and she has under her a staff consisting of one Superintendent and eleven District Health Visitors.

She attends a large number of the ante-natal and infant clinics, and is assisted by several general practitioners, viz., Drs. Armitage, Austin, Braithwaite and Mitchell, and also by Dr. Wilfrid Smith, one of the whole-time medical officers on the staff of the Health Department.

Two Health Visitors resigned during the year and two new ones (Nurses Vicker and Agar) were engaged.

It will be convenient to refer to the work of the Department under the same heads as in previous reports, viz. :—

1. Health Visitors.
2. Schools for Mothers.
3. Infant Clinics.
4. Ante-natal Clinics.
5. Infants' Milk Depot.
6. Maternity Home.
7. Day Nurseries.
8. Assistance in Necessitous Maternity Cases.

1.—Health Visitors.

These are twelve in number, and their names are set out on p. iii. Mrs. Reed continues as Superintendent Health Visitor.

The work accomplished by the Health Visitors, so far as it can be expressed statistically, is set out below, but it is, of course, quality rather than quantity which really tells in work of this kind, and one special and effective visit may be of far greater value than many perfunctory or routine visits.

Work done by Health Visitors during 1925.

Visits to Births (first visits)	..	..	4,007
Re-visits to Births	..	..	17,321
Visits to Ophthalmia cases	..	..	110
„ „ Pre-natal cases	..	..	810
Special visits and in connection with Schools for Mothers	..	..	5,210
Attendances of Health Visitors at Schools for Mothers	..	..	750
Attendances of Health Visitors at Pre-natal Clinics	..	..	155

Each Health Visitor is attached to one or more Schools for Mothers, and also has a district which, as far as possible, is in the neighbourhood of her school.

2.—Schools for Mothers.

There are now fourteen of these in Leicester. One new one (included in last year's list) was opened in January, 1925, viz., that at Aylestone Park, under the Presidency of Mrs. J. Johnson. This, the most recent of the schools, has proved very successful. A complete list of the schools is set out below.

As was mentioned in the last report, the Health Society, under whose auspices the schools were formerly carried on, although financed by the Corporation, has now ceased to exist, though the Voluntary Workers in connection with the schools—a most important factor in the work—are represented by a Special Committee, the Chairman of which (Miss E. Windley, B.A.) is a co-opted member of the M. & C.W. Committee.

The following is a list of the existing schools, with the names of the President and the day of meeting (usual time, 2.45 p.m.).

Name.	President.	Day of Meeting.
Western Road	Mrs. Beale	Monday
Curzon Street	Mrs. Turner	„
Aylestone Road	Miss Windley	Tuesday
Bedford Street	Mrs. Millard	„
Wellington Street	*Mrs. Evans	„
Wesley Hall	Mrs. Spencer	„
Marston Street	*Mrs. Wheelwright	„
Cavendish Road	Mrs. Johnson	„
Justice Street	Miss Went Mrs. Bouskell	} Wednesday
Uppingham Road	Mrs. Swainston	„
Newfoundpool	Mrs. Gibbs	„
Belgrave Hall	Mrs. Mantle	Thursday
Clarendon Park	Miss Partridge	„
† Highercross Street Centre	Mrs. Viccars	„

The total number of School meetings during the year was 640, and the total attendances of Mothers was 27,820.

3.—Infant Clinics.

An Infant Clinic is held at each School for Mothers, once a week. A medical practitioner attends, and any mother attending the schools may consult the doctor about her baby or herself, free of charge, if needing advice. Infant Clinics are held also at the Infants' Milk Depot (twice a week).

During the year the total number of sessions of the clinics in connection with the Schools for Mothers was 621, and the total attendances of infants was 8,214. In addition, 96 clinic sessions were held at the Milk Depot, the number of attendances being 1,358.

4.—Ante-natal Clinics.

These are special clinics for expectant mothers, and their importance is now fully recognised. Ante-natal clinics are held at the Infants' Milk Depot, the Highercross Street Centre, the Maternity Hospital, and the Maternity Home, Westcotes Drive. The latter clinics are chiefly attended by women who have booked for confinement at those institutions.

*Since resigned.

†This school differs from the others in that the premises are permanently rented by the Corporation and are available every day of the week.

The clinic formerly held by Dr. Dent at the Maternity Hospital, Causeway Lane, was taken over by that Institution in October, 1925, and is now attended by Dr. L. Lilley, the Medical Officer attached to the Institution.

The number of Ante-natal Clinics and attendances in 1925 was as follows:—

	No of Sessions.		No. of Attendances New Cases.		Old Cases.
Milk Depot	.. 48	..	115	..	151
*Maternity Hospital	.. 36	..	292	..	527
Maternity Home	.. 51	..	319	..	540
Highcross Street	.. 60	..	113	..	274
	<hr/>		<hr/>		<hr/>
Total	.. 195	..	839	..	1,492
	<hr/>		<hr/>		<hr/>

5.—Infants' Milk Depot.

The Infants' Milk Depot in Belgrave Gate, started 21 years ago, at a time when comparatively little attention was paid to infant welfare, continues to accomplish much useful work not only as a depot for the distribution of dried milk, but as an infant welfare centre where clinics are held and much good advice to mothers is given. The dried milk sold is chiefly "Hatmaker" milk, though some "spray process" milk and malted milk is also supplied.

The number of fresh cases of infants brought to the Depot during 1925 was 824, as compared with 936, 1,078, 1,013, and 1,520 in the four previous years.

Infant Consultations are held at the Depot twice a week, the total number of sessions during the year being 96, and the total attendances 1,358 (as compared with 1,351, 1,158 and 1,234 in the three previous years), the average attendance being 14. In addition, there was an attendance of 4,195 infants brought to be weighed apart from the clinics.

Finance (Table 18).

During the financial year ending March 31st, 1926, the total payments amounted to £3,382 9s. 8d., and the total receipts to £3,413 16s. 7d., showing a balance on the right side of £31 6s. 11d. In the previous year there was a balance of £127 0s. 9d. As our aim is to make the Milk Depot just pay its way the financial position is quite satisfactory.

*Discontinued 2nd October, 1925.

6. Maternity Home.

The Municipal Maternity Home, situated in Westcotes Drive, was opened in August, 1920, having been converted from a large private mansion, which was acquired for the purpose. It stands in its own beautiful grounds and is away from noisy traffic. It provides accommodation for 26 beds together with one isolation bed.

The number of confinements each year has been as follows :—

1920 (five months only)	..	139
1921	.. ..	339
1922	.. ..	345
1923	.. ..	394
1924	.. ..	444
1925	.. ..	438

It will be seen that the number of cases admitted in 1925 was slightly below the number in the previous year.

A Tabular Statement of the work done at the Home is given in Table 17.

The Miss Hilda Mason having resigned, the place was taken by Miss Annie Compton, who commenced her duties on March 16th.

7.—Day Nursery.

The Day Nursery, in St. Martin's, to which the work of the two old day nurseries was transferred on February, 1923, continues to do useful work in looking after infants and young children whose mothers are obliged to go to work, and who would otherwise find it difficult to find satisfactory persons to look after them in their absence.

The present premises, formerly St. Martin's Vicarage, are admirably suited for the purpose. Not only are the rooms light and airy, with good accommodation for the staff, but the old vicarage garden makes an ideal playground for the toddlers and airing ground for the infants. The provision of a good sandpit has proved a never-ending source of open-air occupation for the youngsters.

The first Day Nursery was opened in Rutland Street towards the end of 1916 by the Leicester Day Nursery Society, and the second one the following year.

In July, 1920, the Corporation took over the nurseries, and when the present far more satisfactory premises were secured (on lease), the two old premises were given up.

Attendances.

The Day Nursery was open during the year for 251 full days and for 50 half-days (Saturdays). The total full-day attendances were 9,916, and half-day attendances, 2,762. Converting the half-days into full days, gives a total average full-day attendance of 41. The corresponding figure in the previous year was 53.

Teaching in Mothercraft.

The arrangement with the Education Committee for the teaching of mothercraft to school girls continues and may be regarded as pioneer work in this direction. During the year 184 girls attended, coming from the following schools:—Elbow Lane, King Richard's Road, St. Mark's, St. George's, All Saints', Slater Street, and St. Margaret's. The girls come in batches (eight being the maximum number), one batch attending in the morning and one in the afternoon, and each batch attends for four weeks. The total attendances of school girls 2,893, and the daily average 14.

8.—Assistance in Necessitous Cases.

A Special Sub-Committee, of which Mrs. Cooper is Chairman, meets every Saturday morning to consider applications for Necessitous Maternity Cases. Every application has to be made in writing on a special form which has been carefully drawn up for the purpose, and which has been modified from time to time as experience has suggested. In this form, signed by the applicant, a full statement has to be made of all sources of income, together with many other particulars such as rent, number of children to be provided for, &c. The statements made in the application form are frequently checked by reference to the employer, Board of Guardians, &c., in order, as far as possible, to ascertain their accuracy.

The following figures show the amount of assistance given during the year :—

Milk granted in 244 new cases and 744 old cases (repeated).

3,528½ gallons of milk were granted free.

70 " " " " at half price.

In 121 cases dried milk was granted free.

68 cases were admitted to Day Nurseries at reduced rate.

15 " " " " " " free.

12 " " " " Maternity Home at reduced rate.

Part doctors' fees remitted in 22 cases.

Midwives' fee allowed in 6 cases and half fees in 8 cases.

1 case was assisted with Home Help.

No action was taken in 50 cases.

PART IV.

General.

HOUSING.

There is still a great shortage of houses in Leicester, and I must once again reiterate that houses, more houses, and still more houses are the most pressing need of the day.

Houses First must continue to be the slogan of both the Health and Housing Committees for some time to come.

Persons wanting a house naturally apply to the Housing Department, but quite a considerable number also turn in despair to the Health Department in the hope that we may be able to plead their cause for them. Many of the cases are very pitiable. Altogether, during 1925, 292 applications reached the Medical Officer of Health, made either personally or by letter. Many brought letters from medical practitioners. Of the more urgent of these cases 95 were passed on to the Housing Department as apparently deserving of special consideration. In some of these cases (not very many, I regret to say) Mr. Fyfe, the Housing Architect, was able to write and tell me that the Housing Committee had decided to allocate houses, but in the majority the answer was to the effect that the cases would have to wait as there were others equally or more pressing which had been waiting longer.

However, urgent though the need for new houses still is, it is satisfactory to know that, through the great exertions made by the Housing Committee, matters are improving. The year 1925 has seen the building of houses on mass-production lines really begin. In almost every direction, on the outskirts of the City, Corporation houses either recently erected or in course of construction are to be seen.

The Park Estate.

The most important building scheme at present is the Park Estate on Saffron Lane, Aylestone Park. The first sod in connection with this scheme was cut in August, 1924, and by December 31st, 1925, the number of houses actually occupied was 194, whilst a much larger number were in course of erection.

The area of this site is 206 acres, and it is proposed to erect on it 1,812 houses, of which 1,000 will be of concrete and the remainder of brick. Sites are being reserved for three schools, three churches, library, institute, shops, recreation grounds, &c. A portion of the main 120-ft. Town Planning Road runs through the site. The houses will be of four different types, two being parlour and two non-parlour.

The lay-out of the site is of great interest as illustrating modern conceptions of how City extensions should be planned. In place of long continuous monotonous rows of houses in parallel streets, with little or no provision for the amenities of life, there are carefully planned streets, in agreeable curves, the houses grouped in two's and four's, with adequate space around and between adjacent blocks, with proper provision made for open spaces and other amenities, the whole forming one harmonious plan. We may add to this that the site, as a site, is eminently satisfactory. There can be little doubt that the health of the new population which is springing up on the Park Estate should be excellent.

The Braunstone Estate Scheme.

Another great housing scheme which has been launched during the year under review is the Braunstone Estate Scheme.

The Corporation have purchased 1,064 acres of land on the west side of the City at a cost of £115,000. The land is regarded as eminently suitable for building purposes. Braunstone Park, which is included in the purchase, is to be preserved as a permanent open space and recreation park. It is expected that actual building operations will begin during 1926.

Concrete Houses.

The Corporation have entered into an extensive contract for 1,500 Concrete Houses with Messrs. Boot & Son, subject to optional breaks after each 500. The first 500 are nearing completion. A contract for the second 500 has been entered into, and preparations for these are being pushed forward.

Although there has been much criticism of concrete houses on the ground that they will not last and will thus prove a failure in this respect, there is a consensus of opinion that from the health point of view they should be quite satisfactory. That the present type of concrete house that is being erected is the last word in concrete house construction is of course unlikely. No doubt

improvements will come as the result of experience, but ultimately I believe that concrete will take its place alongside of brick, stone and wood, as a recognised material for the building of houses.

Steel Houses.

During the year two experimental steel houses were erected by the Housing Committee, and they have been in occupation for some months.

From the health point of view, steel houses properly constructed are unobjectionable, and from the National point of view there is this great argument in favour of them that they can be erected by the Engineering Trade, which at present is so depressed. If produced on mass-production lines, a very large number could be erected in a comparatively short time without withdrawing labour to any great extent from other types of house. There are, however, many other factors to be considered, e.g., cost, durability, and upkeep, and after careful consideration the Housing Committee did not feel able to recommend the erection of this type of house.

The following return, kindly furnished by Mr. Fyfe, shows the progress made with housing schemes during the year:—

HOUSING OPERATIONS IN LEICESTER IN 1925.

Houses Completed during the Year.

By Local Authority :

With State Assistance	..	..	513
Without State Assistance	..	..	22

By Private Enterprise :

With State Assistance	239
Without State Assistance	276

Total	<u>1,050</u>
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Houses under contract at end of the year, 2,125. Since December 31st, 1925, contracts have been signed for additional 500 brick houses.

Concrete Houses.

During the year 194 concrete houses have been let for occupation on the Park Estate.

Guarantees to Building Societies.

Private persons building under the Building Society also receive the benefits of the Housing, &c., Act, 1923, and from 8th September, 1924, to 31st December, 1925, the Council has guaranteed £28,156 in respect of 239 houses, making an average guarantee of £118 per house.

Subsidy.

The City Council have also approved 549 houses under the Subsidy Scheme, from 15th November, 1923, to 31st December, 1925, towards which a grant not exceeding £75 per house is given. Of this number 291 houses are occupied, and 315 are under various stages of construction.

Particulars of Houses.

	Let.	Sold.
Parlour type	873	49
Non-parlour type ..	387	54
	<hr/> 1,260	<hr/> 103

The Parlour type house consists of Parlour, Living Room, Scullery, 3 Bedrooms, Bathroom and usual out-offices.

The Non-parlour type consists of Living Room, Scullery, generally 3 Bedrooms, Bath and usual out-offices.

There are 23 of the Non-parlour type on the Knighton Fields Estate with two bedrooms, and 18 Parlour types, on several Estates, with 4 bedrooms. Neither of these types is now being built.

The Rents of the houses (excluding Rates) vary from 7s. to 8s. 9d. for Non-parlour type, and from 9s. 6d. to 13s. for Parlour type.

The Rents of the houses on the Park Estate are 8s. 6d. for Non-parlour type and 10s. for Parlour type.

FACILITIES FOR OUTDOOR RECREATION.

In the last Annual Report reference was made at some length to the importance, from the public health aspect, of providing ample facilities for outdoor recreation. Fortunately, the Parks and Recreation Grounds Committee are fully alive to this aspect, and are sparing no pains to improve Leicester's amenities in this respect. A very great deal has already been accomplished, and further developments are in hand. Leicester is now well provided

with tennis courts and there are football and cricket grounds, bowling green, golf course, &c. In various parts of the City there are playgrounds provided with swings and sea-saws, which are an immense boon to the children living in the neighbourhood.

There is a need for many more of these playgrounds. The streets are no longer proper and safe places for children to play in owing to the advent of motor traffic, and the ideal would be to have a recognised playground for almost every street. If only the Municipality were its own ground landlord very much more could and doubtless would be done in making provision of this sort. As things are the expense of acquiring land is a serious obstacle. Still, I would urge the great desirability, on health grounds, of the Corporation acquiring sites for playgrounds all over the City, where not already provided, whenever a reasonable opportunity occurs.

A new departure has recently been made by the provision of an excellent sandpit in Spinney Hill Park, and another is being constructed in Victoria Park. These sandpits are a great attraction to the youngsters and might well be provided in every park. In Spinney Hill Park, through which the Willow Brook runs, a special paddling place has also been provided.

PURIFICATION OF THE ATMOSPHERE—SMOKE PREVENTION.

For many years sanitarians have urged the injury to health caused by the smoke-laden atmosphere of our large cities, but it is only quite recently that the subject of smoke prevention has been taken up in real earnest. Public opinion is now beginning to insist that more stringent measures must be taken to put a stop to, or at least to greatly minimise, what is largely a preventable evil.

It is now recognised that so far as ordinary factory and boiler chimneys are concerned it is not really necessary that they should emit black smoke at all. There are very many such chimneys in Leicester against which little complaint can be made. Given proper structural arrangements, adequate boiler power, proper fuel *and careful and skilful stoking*, and no *black* smoke, and but little smoke of any kind, should escape from the chimney stack. In practically all cases where smoke nuisances are caused one or other of these factors is at fault. Very frequently—though not always—it is the stoker who is to blame.

With a view to raising the efficiency of the stokers in Leicester the Health Committee approached the College of Technology through the Principal (Mr. G. F. O'Riordan, B.Sc., &c.) and the result has been that a special course of instruction for stokers, both lectures and demonstrations, has been arranged. The Health Committee brought this course to the notice of all factory occupiers and there has been a gratifying response, some 52 stokers having signified their willingness to attend.

Reduction of the Time-limit for Black Smoke.

Whilst there is no legal limit of time during which black smoke may be emitted, it has been the custom in Leicester not to take action provided that emission of black smoke did not exceed five minutes in the hour.

Many other towns have reduced their time-limit, and after consideration of what was being done elsewhere the Health Committee decided to reduce their limit to two minutes in the half-hour. This has now been in operation for several months and the great majority of factories keep within it. There are a few serious offenders in the City, however, and some of these, after one or more cautions, have been prosecuted. Particulars of these cases are given in the Chief Sanitary Inspector's Report.

Public Health (Smoke Abatement) Bill.

A Bill is now before Parliament which aims at strengthening the hands of Local Authorities in dealing with smoke nuisances. Section 91 of the Public Health Act, 1875, is amended so that the emission of smoke "in such quantity as to be a nuisance" can be dealt with under the section, even though the smoke be not "black" smoke. Also the expression "smoke" shall include soot, ash and grit. The maximum penalty for default which, under the 1875 Act, was £5, is increased in the Bill to £50. Local Authorities are authorised to make bye-laws (subject to the approval of the Ministry of Health) prescribing standards for smoke and the periods during which smoke of the standard so prescribed may be emitted, and where such bye-laws are in force the contravention of the bye-laws as regards standard or period shall be presumed to be a nuisance.

If this Bill passes into law it should go a long way in helping Local Authorities to purify the atmosphere of towns so far as pollution by factory and furnace chimneys is concerned

There will still remain, however, the pollution caused by domestic chimneys, and owing to the great number of these it is probable that something like half of the smoke which gets into the atmosphere is from this source.

At present almost the only way of dealing with the domestic chimney (apart from the case of chimneys on fire) is by the encouragement of the use of gas and electricity and smokeless fuel for cooking and heating.

Municipal Gas Committees might well do rather more to encourage the domestic use of coke by means of propaganda, and by offering coke for domestic use on specially favourable terms. In this matter profit-earning should not be the only consideration. Unfortunately, Gas Committees, being trading concerns, naturally perhaps think first of their balance sheet and only secondarily of the Health aspect.

LIGHT AND HEALTH: HELIO-THERAPY.

The therapeutic use of light in the treatment and prevention of disease continues to grow in favour. The Health Committee have already made a good beginning with both natural and artificial light in the treatment of disease at the Groby Road Sanatorium, chiefly in cases of "surgical" tuberculosis, as will be seen by a reference to Dr. Silcock's Report in Appendix II.

The potentialities of natural sunlight have been known since the time of the ancients, though in modern times they have been much neglected, not to say ignored. The value of a stay in the country or at the seaside has, of course, always been recognised and admitted, but the part played by free exposure to sun and sky during such a visit has not been sufficiently appreciated.

In this climate in winter the sun is too seldom available to be depended upon, and it is not surprising therefore that we should endeavour to devise an artificial substitute. This has been found in ultra-violet rays, produced by different forms of electric lamps—carbon arc, mercury vapour, tungsten arc, &c. Great improvements have now been effected in the manufacture of these and their use is rapidly extending.

Most up-to-date general hospitals as well as sanatoria are installing them, and several municipalities have started light clinics in connection with their Maternity and Child Welfare work for the treatment of a class of infants and young children which has been aptly described as "ailing and wailing." This category

includes rickety, marasmic, pre-tubercular children who are not thriving and whose future health and stamina is being seriously prejudiced at a most critical period in their lives. To a large extent they are victims of an unfavourable environment, and would derive marked benefit if they could be removed from the City to a children's sanatorium in the country. But this, of course, is impracticable except in a very small proportion of the cases. The idea of a light clinic is to give these children the advantages of the sunshine which they lack. It is not suggested that artificial sunshine is equal to natural sunlight, but it has the great advantage that it can be made available at all seasons of the year.

THE CLEAN MILK CAMPAIGN.

Efforts to raise the standard of cleanliness of milk have been continued during the year. They may be considered under two heads :—

- (1) Encouragement of the production and sale of clean "graded" milk, under the Milk (Special Designations) Order, 1923.
- (2) Discouragement of the sale of dirty milk by the examination of samples for dirt, and the cautioning or prosecution of those responsible in the case of samples found to be dirty.

As regards (1), there are two producers of "Certified" Milk and two of "Grade A" sending milk into Leicester. The two producers of "Certified" Milk also sell "Grade A." No graded milk is produced in the City. One other producer of "Grade A (T.T.)" supplies milk to the Isolation Hospital and Sanatorium which is outside the City.

In addition, the Municipal Maternity Home and Day Nursery are now supplied with Grade A (T.T.) Milk, and I am glad also to report that the Royal Infirmary and the Fielding Johnson Private Hospital are also using Graded Milk.

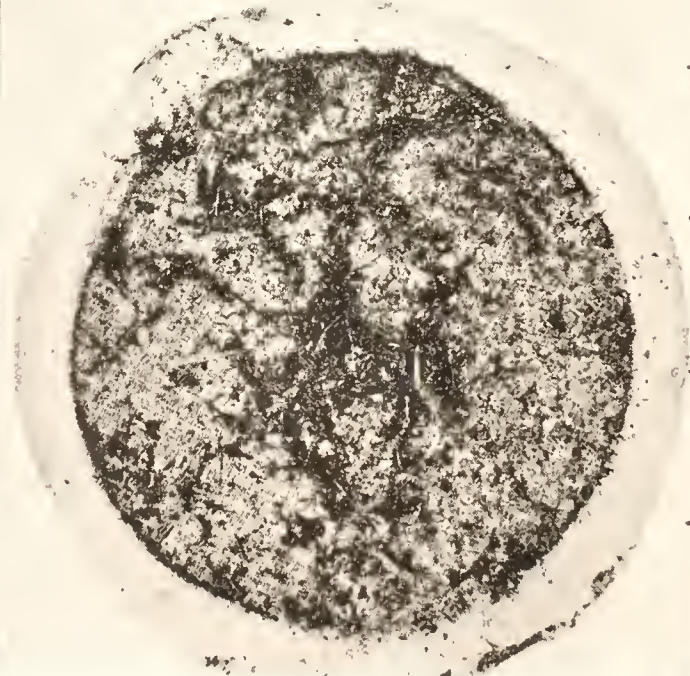
Eighty-seven samples of graded milk were examined bacteriologically during the year. In the case of one producer, some trouble was experienced for a time as regards the presence of bacillus coli, but finally the cause of the trouble was eliminated. Since then the bacterial examinations have been quite satisfactory. In nearly all cases the counts were much below the limit fixed by the Ministry of Health in the respective grades. During the year under review the bacteriological examination of milk samples was carried out

18/2/26

1055

F.S.

Piece of muslin through which
8½ gallons of morning's milk,
as delivered by a farmer to a
Leicester retail Dairy Firm,
was strained.

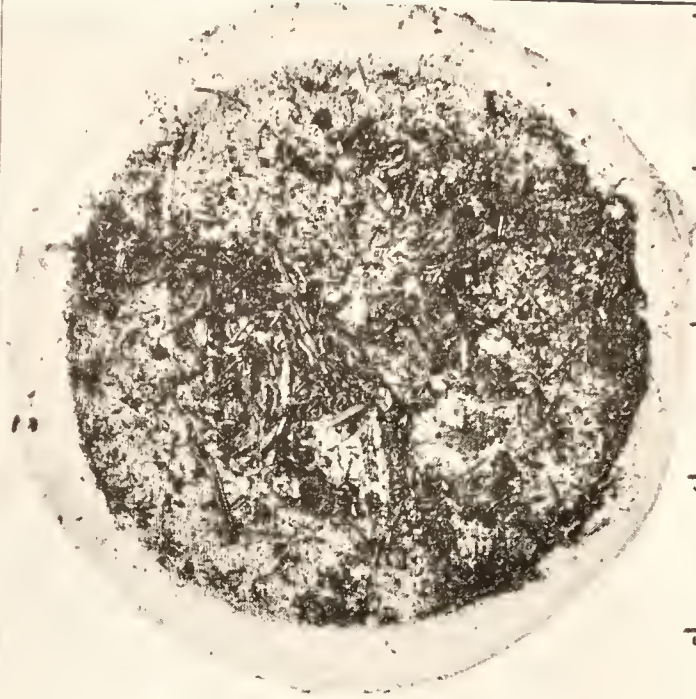


18/2/26

1056

F.S.

Piece of muslin through which
9 gallons of morning's milk,
as delivered by a farmer to a
Leicester retail Dairy Firm,
was strained.



at the Royal Infirmary. This work is now, however, being done in the City Analyst's Laboratory.

The demand for clean (graded) milk by the public is increasing, but not so fast as one would wish. No doubt the extra price which is charged for graded milks partly accounts for this. The public needs to realise that all graded milks, whether "Certified," "Grade A (T.T.)" or ordinary "Grade A," are superior to and cost more to produce than ordinary milk. It is only reasonable, therefore, that the price should be higher. It is much to be hoped, however, that as the demand increases the cost of production will fall, and that it will then be found possible to reduce the extra price still further. Indeed, it is quite possible that under the influence of keen competition, some enterprising dairyman will soon be willing and able to sell "Grade A" milk at the same price as ordinary dirty milk. When that comes about there ought to be a greatly increased demand for it.

(2) Discouragement of the Sale of Dirty Milk.

A number of farmers have been cautioned by the Health Committee for selling milk more dirty than usual. There was one prosecution, the amount of dirt being found by the City Analyst to amount to six parts of dried dirt per 100,000.

During the present year a particularly gross case has just occurred (March, 1926) and a photograph of the filter pad through which $9\frac{1}{2}$ gallons of milk from one churn was passed is appended. Comment is superfluous.

In this case five churns from the same farm were sampled on delivery, and the amount of dirt, expressed as dried dirt per 100,000 parts of milk, ranged from 5 to 15. All the milks were also below the limit for non-fatty solids. Proceedings were taken and the consignor, a farmer in the country, was fined the exemplary amount of £10 on each sample, or £50 in all.

It is important to realise, however, that whilst few milks are found as bad as this, it must not be assumed that as much dirt as is here shown does not often get into the milk. The fact is that usually most of the visible dirt is removed by filtration ("siling" or "soiling") before it leaves the farm. In the case in question this had no doubt been omitted. But what we want to induce the dairymen to do is to keep the dirt (largely cow dung) out of the milk (by clean milk methods of production) and not to be satisfied with filtering it out after it has got in. Of course, only the grosser

and insoluble, i.e., the visible part, can be thus removed. The soluble and invisible part remains. The only check upon the latter is the bacterial count test.

Bottled Milk.

In recent years the sale of milk in bottles has greatly increased. This is satisfactory, because bottled milk is much less liable to contamination after it leaves the dairy than "loose" milk. The public possibly imagine that just because milk is bottled the milk is superior in quality and cleanliness to loose milk. Some may even imagine that they are buying Graded milk. To this extent they are possibly being deceived. The mere fact that milk is bottled is no guarantee whatever that it has been produced under satisfactory conditions. But all bottled *Graded* milk is sealed with a special cap which has printed on it the special designation (e.g., "Certified" or "Grade A"), with the name and address of the producer, and the date on which it was produced.

EFFECT OF ALCOHOL ON HEALTH.

Only three deaths were certified during 1925 as due to alcoholism, one being ascribed to delirium tremens and two to intemperance. As is well recognised, the number of deaths certified as directly due to alcoholic excess is no criterion whatever of the amount of damage done to health, or of the number of deaths indirectly caused to it. Excessive indulgence in alcohol rarely proves directly fatal—what it does is to prepare the way for one or other of many different diseases, and it is to these that deaths are certified as being due.

As a matter of fact alcoholism, including under this head any excessive consumption of alcohol, is one of the greatest, if not the greatest, of all preventible causes of ill-health, the other great preventible cause being venereal disease.

Prof. H. R. Kenwood, President of the Sanitary Congress at Edinburgh last year, said that "Public Health Workers were unanimous that the consumption of alcohol was one of the greatest enemies of public health. They realised that it exacted a very heavy toll in sickness, preventable mortality, inefficiency and misery. In the fifty-three large towns of the country, the amount spent on their entire public health services only represented a very small fraction of the amount spent in these fifty-three large towns on alcohol, he estimated it at less than one-thirtieth." (Quoted from "The Scotsman.")

CREMATION.

The number of persons cremated at the Gilroes Cemetery during 1925 was 57. This was easily the largest number hitherto recorded, the numbers in the previous five years being 32, 36, 23, 36, and 40 (in 1924). Twenty-nine of the cases were from Leicester, the remainder coming from the surrounding districts, especially Nottingham and Derby.

Whilst cremation is recognised as being a more sanitary method of disposal of the dead than is earth burial, it is very probable that the argument which appeals chiefly to most people is the purely sentimental one. With many, undoubtedly, sentiment has hitherto told strongly *against* cremation, but it is quite possible that, in the future, sentiment will tell more and more in favour of cremation.

During 1925 the Estate and Burial Ground Sub-committee decided to throw open the Crematorium to the public on several Sunday afternoons during the summer. Parties were shown over the building, and short addresses and demonstrations, explaining the process of, and arrangements for cremation, were given by the Chairman (Councillor J. Johnson), the Registrar (Mr. A. C. Addison), and the Medical Officer of Health (Dr. C. K. Millard). These demonstrations were largely well attended and much interest was manifested.

Amongst well-known persons cremated at the Leicester Crematorium during the past five years are the following :—

1921.

William Evans, John Butcher, T. Fielding Johnson, J.P., Wm. Edgar Tyler, Sir Edward Fraser (Nottingham).

1922.

Samuel Beal.

1923.

Wm. Sidney Gimson, Canon and Mrs. Gedge, Miss Jane Carryer, Francis Braley.

1924.

Wm. Tertius Rowlett, Joseph Isaac Hallan, Ald. Samuel Hudson, Mrs. Wm. Evans.

1925.

Dr. Clement Dukes (Rugby), Ald. S. Patey, J. Mentor Gimson, J.P., Lady Faire, Mrs. Hargreaves (wife of Rector of West Bridgford), Wm. M. Cowdell, F.R.I.B.A., Allert Pickard, J.P., Miss Catherine Green.

Amongst the many persons of note cremated in other parts of the country during 1925 may be mentioned: Sir Wm. Garstin, C.M.G., Prof. J. McTaggart (Cambridge), Sir Richard White (Master of the Supreme Court), Admiral Sir C. Hotham, Field-Marshal Lord Ypres, Sir Ryder Haggard, and Bishops Ryle and Chase.

The total number of cremations in the country during the year was 2,701, being a considerable increase on the previous year.

PUBLIC HEALTH (MEAT REGULATIONS), 1924.

The carrying out of the new Meat Regulations, which came into force in 1925, has entailed much additional work upon Mr. McHugh and the staff under him. The chief trouble has arisen in connection with the protection of meat, whether exposed on stalls in the Market Place or in shop windows, from contamination by dust, mud, &c. It is admitted that it is very difficult to protect meat from all contamination, but at least the Regulations, if carried out, represent a genuine attempt to do something in the desired direction. I think most meat purveyors recognise this and are anxious to carry out the regulations as far as is reasonably practicable. Others, however, have resented any interference with old-established customs and have necessitated repeated cautions by our inspectors.

Two circular letters on the subject have been sent out to all meat purveyors, on behalf of the Health Committee, over the signature of the Medical Officer of Health, and in the second letter it was intimated that the time had now come when further steps would have to be taken with defaulters. As a matter of fact, at the time of writing four prosecutions are pending—two of stallholders and two of shopkeepers.

PROPOSED NEW ABATTOIR.

In the last Annual Report it was mentioned that the Health Committee had presented to the Town Council a report (prepared by a special sub-committee) recommending that private slaughter-houses should be closed under the powers conferred by the Leicester Corporation Act, 1897, and—as a necessary preliminary to exercising these powers—that alternative accommodation should be provided. The Town Council thereupon instructed the Markets Committee to prepare a scheme for providing a new public abattoir.

In due course the Markets Committee presented their scheme with plans and model prepared by R. S. Ayling, Esq., F.R.I.B.A., the expert whom they consulted on the matter.

The proposed new abattoir will be very complete and up-to-date, and will provide for the needs of the City for some years to come. Unfortunately, the cost is necessarily considerable, and in view of the already heavy financial commitments of the Corporation it was decided to defer the scheme for two years.

From the public health point of view the abolition of the private slaughterhouses is already much overdue, so that the necessity for postponement is to be regretted.

WORK OF THE SANITARY INSPECTOR.

I wish to draw special attention to the Report of Mr. McHugh, Chief Sanitary Inspector, which will be found in Appendix IV. The work in his department has increased greatly in the past few years, much more probably than is indicated by the figures. For one thing, there have been more prosecutions than was formerly the case, and any case taken into Court necessarily involves a large amount of preliminary staff work. Also, besides the cases actually taken into Court, many other cases have been carefully prepared in case they should have to come into Court.

The taking of legal proceedings is only to be regarded as a last resort when persuasive efforts have failed. We would much prefer not to have to go into Court in any case, but if the health of the community is to be effectively safeguarded, and the Public Health Acts efficiently administered, it is necessary in some cases to take this step.

PUBLIC HEALTH (PRESERVATIVES, &c., IN FOOD) REGULATIONS, 1925.

During the year the Ministry of Health has issued important new regulations relating to the use of preservatives and colouring matters in food. The Regulations mark a distinct advance on previous regulations in this connection, but in order that reasonable time may be allowed for the adjustment of trade processes, &c., they will not come into operation until January 1st, 1927, whilst as regards certain foods they will not become operative till July, 1927, and January, 1928. The Regulations prohibit the sale of any article of food containing preservatives except such articles of food and such preservatives as are specified, and then only in certain specific amounts. Such articles must bear a label stating that they contain preservatives.

As regards colouring matters, a list of prohibited colouring agents is included.

REPORT

OF THE

Tuberculosis Dispensary

FOR 1925.

By WYVILLE S. THOMSON, M.D., D.P.H., Edin.,
Tuberculosis Medical Officer.

Premises.

The Tuberculosis Dispensary, Health Department, Grey Friars, is the centre for dealing with all work in connection with Tuberculosis in the City.

Staff.

The Medical work, as in 1924, has been carried on by Dr. Thomson with the half-time assistance of Dr. Wilfrid Smith.

No change has taken place in the nursing staff, which consists of three fully trained nurses. Each one of these devotes a considerable portion of her time to after-care visitation.

The Welfare Officer who commenced duty in July, 1924, resigned in February, 1925, and was not replaced.

The clerical work is carried on by Miss J. Heaton with Miss E. E. Battle as assistant.

Notifications.

There has during the past year been a considerable drop in the number of persons notified as suffering from Tuberculosis—683 as compared with 790 in 1924. The pulmonary notifications fell from 725 in 1924 to 606 in 1925, and the non-pulmonary increased from 65 to 77. The total reduction in notifications, therefore, amounts to 107. It is not possible to explain this reduction. The number of notifications fluctuates occasionally in a surprising manner from year to year.

Of the 606 Pulmonary Notifications 243 were reported by your Tuberculosis Officer and 10 of the 77 non-pulmonary cases.

The following table gives the number of notifications since 1918 :—

1918	..	Pulmonary, 746 ; Non-Pulmonary, 82 ; Total, 828.
1919	..	„ 658 ; „ 47 ; „ 705.
1920	..	„ 572 ; „ 59 ; „ 631.
1921	..	„ 497 ; „ 105 ; „ 602.
1922	..	„ 566 ; „ 43 ; „ 609.
1923	..	„ 692 ; „ 71 ; „ 763.
1924	..	„ 725 ; „ 65 ; „ 790.
1925	..	„ 606 ; „ 77 ; „ 683.

Deaths.

Unfortunately, though the number of persons notified as suffering from Tuberculosis has diminished, there has been an increase of 15 persons dying from this disease, the figures being 364 for 1925 as compared with 349 in 1924. These figures show that in Leicester alone, one person died each day throughout the year from Tuberculosis.

Pulmonary Tuberculosis accounted for 305 deaths as compared with 287 last year, an increase of 18, and non-pulmonary (so called surgical) Tuberculosis was the cause of 59 deaths as compared with 62 in 1924, a decrease of 3.

It is difficult to explain the increase in the number of deaths, but no doubt the long and trying winter was partly responsible for it.

The following table gives the number of deaths since 1918 :—

1918	..	Pulmonary, 316 ; Non-Pulmonary, 82 ; Total, 398.
1919	..	„ 264 ; „ 62 ; „ 326.
1920	..	„ 255 ; „ 72 ; „ 327.
1921	..	„ 278 ; „ 73 ; „ 351.
1922	..	„ 294 ; „ 67 ; „ 361.
1923	..	„ 285 ; „ 36 ; „ 321.
1924	..	„ 287 ; „ 62 ; „ 349.
1925	..	„ 305 ; „ 59 ; „ 364.

Tuberculosis Dispensary as a “ Centre for Diagnosis.”

The value of the Tuberculosis Dispensary as a “ Centre for Diagnosis ” is now well established, and doctors have no hesitation in sending patients whenever they have any doubt as to the presence or absence of tuberculosis. Notes from 90 different doctors requesting an opinion on 486 cases were received and dealt with during

the past twelve months. In addition many patients, not under medical attention, called on their own initiative desiring to know whether they had Consumption.

Contacts are regularly examined, and in this way one finds cases in the early stages of the disease.

The Pensions Committee and Pensions Board regularly send their cases for examination, in many of whom an opinion is desired as to the presence or absence of Tuberculosis. Altogether 368 examinations and reports were made on these cases.

Chest Examinations.

Altogether 2,051 chest examinations were made, an increase of 84 on the previous year. Particulars are as follows:—

	Men.	Women.	Children.	Total.
First examinations ..	332	345	234	911
Re-examinations ..	630	270	240	1,140
	<hr/> 962	<hr/> 615	<hr/> 474	<hr/> 2,051

Bacteriological Examinations.

Sputum examinations to the number of 1,169 have been made for the Tubercle bacillus. Of these 505 were examined for doctors in practice in the City, and the remainder were obtained from patients examined at the Tuberculosis Dispensary. Sputum examination, if there be any expectoration, forms part of the complete examination of every patient sent for an opinion, before reporting to the doctor.

Patients Passed for Sanatorium Treatment.

The “Admissions Committee,” consisting of two or more members of the Hospital and Dispensary Committee, attend at the Tuberculosis Dispensary each Monday afternoon, and in conjunction with the Tuberculosis Officer, interview and select from patients examined during the previous week cases for Sanatorium treatment. During the past year, 548 patients were passed for a course of Sanatorium treatment, at Groby Road in the case of 398 adults, and at Anstey Lane in the case of 150 children. In 1924 the number passed was 603, being 414 adults and 189 children.

Patients on Dispensary Treatment.

Medical benefit is now available for most patients by means of the State Insurance, Medical Service, &c., so that now only those patients not so provided for are dealt with at the Dispensary. At

the end of the year there were 127 patients attending the Dispensary each week for treatment. All other patients are advised to attend periodically for advice.

Those children who have had a course of treatment and been discharged from Anstey Lane Sanatorium have been advised to attend the Dispensary once a week in order that they may be kept under careful supervision. When fit for school an intimation is sent to the School Medical Officer.

The total number of attendances of patients at the Tuberculosis Dispensary during the year was 9,582, as compared with 8,351 in 1924.

Domiciliary Treatment.

Those insured patients under the State Insurance who, for one reason or another do not receive Sanatorium treatment, besides others discharged from the Sanatorium, are recommended for "domiciliary treatment" under their panel doctor. An intimation to this effect is sent to the doctor, and quarterly reports on the patient's condition are sent by him to the Tuberculosis Officer. During the year 324 patients were granted Domiciliary Treatment.

Visits.

The Tuberculosis Nurses made a total of 6,234 visits to the homes of patients. This number includes first visits made to newly notified cases. Advice, both verbal and printed, is given, and full particulars obtained of the home conditions, contacts, &c. Your Medical Officers also paid 354 visits in order to examine patients in their own homes.

Sleeping Shelters.

Sixteen ex-Sanatorium patients have had the use of sleeping shelters, one for over two years, three for over twelve months, and twelve for under twelve months.

Unfortunately those persons most requiring shelters very often have not the necessary ground on which they could be erected.

Additional Nourishment.

Ex-servicemen, suffering from tuberculosis due to or aggravated by service, in need of additional nourishment, obtain this from the Pensions Committee on the recommendation of the Tuberculosis Officer.

The Health Committee grant milk to necessitous cases, apart from the above, under arrangements made by the Ministry of Health. They can do so up to a sum not exceeding £2 per thousand of the population per annum, and are thus enabled to carry on the

grant formerly made by the Insurance Committee. Now, however, all persons, whether insured or non-insured (e.g., children) can have this benefit.

Mr. Councillor Keene has again dealt with the applications for milk. He attends at the Dispensary every Friday, and reviews each case every four weeks. I desire here to record my appreciation for the very thorough way in which he deals with them.

During the past year 147 persons were granted milk (as compared with 159 in 1924) free of charge, at a total cost of £276 17s. 11d. Last year the total expenditure was £292 13s. 8d., and for 1923 the figure was £173 1s. 9d.

At the end of the year 89 patients were receiving a daily allowance of milk free of charge.

Nursing of Bedridden and Surgical Cases.

Carrying on the work formerly done by the Insurance Committee, the Health Committee, by an arrangement with the District Nursing Association, provide the services of a nurse to assist bedridden cases of pulmonary tuberculosis and those surgical cases in need of dressings, &c. This work is under the general supervision of the Tuberculosis Officer, and each patient having the services of a district nurse is periodically visited by one of the Tuberculosis Health Visitors. During the past year 94 cases received assistance in this way. Altogether 4,138 visits were paid at a total cost of £206 18s. 0d. The figures in the previous year were 4,082 visits, costing £204 2s. 0d.

After-Care.

Many of the previous headings such as visits, use of sleeping shelters, additional nourishment, nursing of bedridden cases, &c., might well have been included under the term "After-Care." A very important branch of the work of the Dispensary consists in looking after patients after their discharge from Sanatorium. However, it was felt desirable to get together a special committee to deal with this work. In 1923 a committee consisting of members of the Health Committee, Board of Guardians, War Pensions Committee, Insurance Committee, Trades Council, Boot and Shoe Union, Hosiery Union, &c., was formed with Mr. Councillor Hincks as Chairman. Funds amounting to £300 were raised by means of a "Flag Day" and Sale of Work at the Sanatorium.

An arrangement was made whereby all tubercular patients should be visited at regular intervals by the Dispensary Nurses. In this way we are able to keep in touch with each patient.

It is found that the patients very much appreciate these visits, and the knowledge that they are not allowed to drift after leaving Sanatorium stimulates them to help themselves. They seek advice in many different directions, and the nurses have been able to help and encourage them in many different ways.

One great difficulty with many ex-Sanatorium patients is the housing problem. After residing for three, six or twelve months under ideal conditions, and often when the disease has been practically arrested, they have to return to the same conditions which first produced the disease—overcrowded houses in congested areas with totally inadequate ventilation, and into which little or no sunshine can penetrate. It is therefore not at all surprising that many break down. If permanent benefit is to be maintained after Sanatorium treatment, it is essential for each patient to have a suitable home to return to.

The After-Care Committee has done its utmost to emphasise the need for additional houses. A complete report was made out showing the home conditions and number of occupants of those houses in which there is one or more cases of tuberculosis. From this, three classes were selected where overcrowding existed. These were classified as “bad,” “worse,” and “worst.” A separate form giving full particulars was made out for each case, and sent to the Housing Committee. I am pleased to say that already to quite a number of families from those classified as “worst”—i.e., in which there has been the most serious overcrowding accompanied by tuberculosis of one or more members of the family—new Corporation houses have been allotted. Unfortunately several families from the “worst” class have been unable to afford the rental of the new houses and so have had to remain under the same unfavourable conditions.

Another difficult problem is finding suitable work for tubercular patients. One cannot blame employers for hesitating to engage them. Many of them are only fit for light work and cannot be depended upon to turn up with the same regularity as healthy individuals. Light out-door work, such as would be desirable for tubercular persons, is extremely difficult to obtain and is almost always unremunerative, so for a married man with dependents it is out of the question. Yet we know that in many cases a return to arduous indoor work is simply asking for trouble.

In July, 1924, the Distress Committee very kindly came to our assistance with a scheme whereby a certain number of patients were given light work at the Sanatorium, working “week on and week off,” payment being made from the “Mayor’s Fund.” During

1924, 32 men were given work at a total cost of £690. The scheme was continued during 1925, 35 men having been employed at a cost of £737 2s. 1d. At the end of the year two men were at work under this scheme.

Applications for financial assistance from 29 patients were dealt with, and dentures, clothing, beds, splints, &c., &c., granted where necessary at a total cost of £77 1s. 9d., as compared with £60 in 1924. Mr. Hincks' special knowledge in this direction has been of exceedingly great value,—in fact, without his help and encouragement, our endeavours would have been anything but creditable.

After-results of Sanatorium Treatment.

Surgical Cases.—Towards the end of the year an enquiry was made into the present condition of the Surgical Cases who had received treatment at Groby Road Sanatorium. Between April, 1922, and September, 1925, 62 such cases were treated, of whom 34 were adults and 28 children. The following brief particulars give an idea of their present condition :—

Of the adults— 12 are now well and at work.

2 are not doing very well but remain at work.

7 are not at work but progressing favourably.

5 are not at work and prospects of improvement are remote.

8 are dead.

Of the children— 3 are well and have commenced work.

2 are well and have not yet started to work.

1 is not doing well but remains at work.

5 are well and at school.

10 are fairly well but are not yet considered fit to attend school.

5 are not doing well.

2 are dead.

Twenty-two are regularly attending the Dispensary and the remainder periodically.

Pulmonary Cases, treated in Sanatorium in 1922. An investigation has also been made into the present condition of those patients who received treatment for Pulmonary Tuberculosis and were discharged from Sanatorium during the year 1922.

Excluding County cases, 327 patients were dealt with, consisting of 208 adults and 119 children. Information has been obtained concerning 187 adults and 108 children. Of the remaining

32, several have left Leicester and others have removed and cannot be traced.

The following tables have been prepared in order to show the present condition as compared with the condition on discharge from Sanatorium three years ago.

ADULTS.

Condition on Discharge from Sanatorium.		PRESENT CONDITION.						Dead.
		Well and at work.	Fairly well, at work.	Fairly well, not at work.	Not doing well, at work.	Not doing well, not at work.	Left Leicester or cannot be traced.	
Arrested ..	46	11	13	1	1	5	5	10
Much Improved..	51	11	8	2	1	4	5	20
Improved	61	4	8	0	4	5	7	33
No Improvement ..	28	0	4	1	0	0	4	19
Worse ..	22	0	1	0	0	0	0	21
Total ..	208	26	34	4	6	14	21	103

Deducting the 21, of whom we are unable to obtain particulars, from the total of 208 we find that out of 187, 103 or 55 per cent. of the adults treated three years ago are now dead ; 26, or 14 per cent., are well and at work ; and 34, or 18 per cent., are fairly well and at work.

Much better results, as one would expect, are obtained in the case of children, as the following table shows.

CHILDREN.

Condition on Discharge from Sanatorium.		PRESENT CONDITION.											Dead
		Well		Fairly well		Fairly well, not		Not doing well, but		Not doing well, not		Left Leicester, cannot be traced	
		At work	At school	At work	At school	At work	At school	At work	At school	At work	At school		
Arrested ..	3	1	1	1	0	0	0	0	0	0	0	0	0
Much Improved..	71	15	8	7	13	2	5	0	3	2	7	7	2
Improved	33	9	6	5	5	1	1	0	1	0	2	2	1
No Improvement ..	12	1	1	0	2	1	0	0	0	2	1	2	2
Total	119	26	16	13	20	4	6	0	4	4	10	11	5

Deducting the 11 of whom we have been unable to obtain particulars, leaves 108, and of these only 5 are dead, so that the percentage of deaths in children three years after having had Sanatorium treatment is under 5 per cent.

Taking adults and children together gives the following table, which shows at a glance the full results of Sanatorium treatment.

ADULTS AND CHILDREN.

Condition on Discharge from Sanatorium.	PRESENT CONDITION.						Dead.
	Well, at work or school.	Fairly well, at work or school.	Fairly well, not at work or school.	Not doing well at work or school.	Not doing well, not at work or school.	Left Leicester or cannot be traced.	
Arrested . . . 49	13	14	1	1	5	5	10
Much Improved . . 122	34	23	9	4	13	12	22
Improved . . . 94	19	18	2	5	7	9	34
No Improvement . . 40	2	6	2	0	3	6	21
Worse . . . 22	0	1	0	0	0	0	21
Total 327	68	67	14	10	28	32	108

If we deduct the 32 whom we have been unable to trace, we find that out of 295 patients treated three years ago, 108 are dead. This brings the percentage of deaths to 36.6.

A similar enquiry made in 1919 and given in the report of the Medical Officer of Health for that year showed the percentage of deaths to be 48.1. There is, therefore, a considerable improvement since that time.

I trust that these figures may prove of interest. In studying them, it must of course be remembered that patients in all stages of Tuberculosis are admitted to Sanatorium—hopeless cases often being admitted for preventive reasons or because they cannot possibly be properly attended to at home.

My thanks are due to the Chairman and to the members of the Hospital and Dispensary Committee for the trouble they have taken and the assistance they have given in selecting cases for Sanatorium treatment.

I also desire to record my gratitude to Mr. Carr for his advice in numerous directions and to the nurses and clerks for the willing and satisfactory way in which they have carried out their duties.

WYVILLE S. THOMSON.

APPENDIX II.

Report on the Isolation Hospital and Sanatorium for the Year 1925.

By F. A. E. SILCOCK, M.D., D.P.H.

During the year 1925 the following is a summary of the cases treated at this institution :—

Disease.	Remaining 1/1/25.	Admitted during year.	Discharged during year.	Died during year.	Remaining 31/12/25
Scarlet Fever ..	45	536	484	9	88
Diphtheria ..	78	336	351	32	31
Enteric ..	1	4	4	1	—
Tuberculosis ..	179	504	473	48	162
Measles ..	—	39	39	—	—
Erysipelas ..	—	18	12	3	3
Cerebro-Spinal Fever ..	1	2	2	1	—
Smallpox ..	—	56	56	—	—
Smallpox Contacts	—	1	1	—	—
Other Diseases ..	2	13	13	2	—
Total ..	306	1509	1435	96	284

Comparing the numbers of admissions, discharges, &c., for 1925 with those of the previous two years :—

Year.	Remaining at end of previous year.	Admitted during year.	Discharged during year.	Died during year.	Remaining at end of year.
1923 ..	291	1034	1047	48	230
1924 ..	230	1312	1159	76	306
1925 ..	306	1509	1435	96	284
Increase or decrease for year 1925 over previous year	+76	+197	+276	+20	—12

From the above figures it will be seen that the number of cases treated during the year under review has increased in comparison with the previous two years. Owing to Anstey Lane Sanatorium having to be reopened for cases of smallpox on 6th March, 1925, and kept open for this disease for a period of five months, which fact necessitated the 50 beds usually occupied by cases of pulmonary tuberculosis in children treated there, being closed for the latter type of case and utilised for the former disease, otherwise the number of cases of tuberculosis treated would have been somewhat greater.

Scarlet Fever.

During the year 536 cases of this disease were admitted—being an increase of 275 cases over the previous year. Scarlet fever still remains a mild disease in Leicester, although towards the end of the year 1925 the type of case admitted became more severe than usual. The case mortality was 1.68 per cent., and this compares favourably with similar towns.

The nine deaths that occurred were due to the following causes :—Four cases in infants complicated by Broncho-Pneumonia ; two due to Toxæmia ; one due to Cardiac Failure ; one due to Otitis Media and Streptococcal Meningitis complicating the disease ; and one due to Diphtheria, Measles and Broncho-Pneumonia complicating the disease.

Diphtheria.

336 cases of this disease were admitted to Hospital during the year, as compared with 395 the previous year, a decrease of 59. The case mortality was 9.5 per cent.

There was an epidemic of this disease in the winter of 1924, and many of these cases were admitted during the early part of the year 1925.

The various causes of death in the 32 fatal cases during the year were due to :—

Cause of Death.	Type of Diphtheria Case.
Cardiac Failure	15 Faucial, 2 Nasal, 1 Laryngeal.
Laryngeal Obstruction	2 Laryngeal.
Bronchitis	2 Nasal and Faucial and 1 Faucial.
Diphtheria and Convulsions . .	1 Laryngeal.
Pharyngeal Paralysis	1 Faucial and 1 Nasal and Faucial.
Respiratory Failure	1 Laryngeal.
Measles and Toxæmia	1 Faucial and Laryngeal.
Scarlatina, Measles and	
Broncho-Pneumonia	1 Faucial.
Broncho-Pneumonia	2 Faucial and 1 Laryngeal.

Enteric Fever.

Four cases of this disease were admitted and a similar number discharged during the year, and one remained under treatment at the end of the year. This is exactly the same number as in the previous year.

There was one fatality from the disease in a woman aged 54 years, due to congestion of the lungs supervening.

Measles.

39 cases were treated and discharged during the year, with no fatalities.

Erysipelas.

18 cases were admitted for treatment and three died of toxæmia as follows :—One a baby of 5½ weeks ; one a female aged 43 years ; and one a male aged 57 years. All three cases were of a severe facial type of this disease.

Cerebro-Spinal Fever.

One case of this disease remained under treatment at the beginning of the year and two new cases were admitted. There was one death from this disease in a case admitted in a very advanced stage.

Smallpox.

This subject will be dealt with by Dr. Millard.

Other Diseases.

This classification includes various other ailments not specifically mentioned in the rest of the table. The two deaths under this heading were as follows :—One a female of 30 years with Purulent Bronchitis, and the other a male aged 49 years with Diabetes.

Tuberculosis.

504 cases were admitted during the year, composed as follows :—

	Remaining 1. 1/25.	Admitted during year.	Discharged during year.	Died during year.	Remaining 31/12 25.
Adults	97	312	293	42	74
Children	49	131	126	--	54
* Dischd. Soldiers	4	22	19	4	3
Surgical Cases ..	29	39	35	2	31
Total	179	504	473	48	162

* Ex-Service men in whom the disease is regarded as directly attributable to army or navy service the maintenance of such cases is paid for by the Ministry of Pensions.

The treatment of the cases of Pulmonary Tuberculosis has been, as previously, in the form of suitable outdoor or indoor work and physical exercises, the two latter being more resorted to in inclement weather, although a good deal of the daily domestic and routine work of the wards occupied by such patients is done by themselves.

131 cases of Pulmonary Tuberculosis in children were treated at Anstey Lane Children's Sanatorium during the year, and this number would doubtless have been greater were it not for the fact, already alluded to, that this institution was utilised for smallpox cases for a period of five months. The children, if physically suitable, receive educational instruction whilst undergoing treatment, two teachers having charge of this side of things. In fine weather the children are encouraged to be out of doors as much as possible whilst being taught, and in bad weather they have a large airy schoolroom for the purpose.

The provision of a more modern building for these children is very desirable, but in the present financial state of things, one must utilise what is already there to the best advantage. It seems to me very desirable that these children after being discharged from here should continue their education in an open-air school, not necessarily an expensive brick and mortar building, but possibly a three-sided building, with the open side facing south, and allowing for free ventilation, amidst the fields, in or near Leicester. The treatment of this disease should not stop when they leave the Sanatorium, but should continue for a long time afterwards, as no Sanatorium could contain sufficient accommodation to retain them long enough to entirely eradicate the disease; more especially is this the case if they return to unsuitable conditions, environment, &c

If such a means of dealing with these children were obtainable, many cases would not need to be sent here at all, in my opinion, as well as being a useful adjunct for after-Sanatorium treatment.

Surgical Tuberculosis.

39 cases were admitted for treatment and two died. This is an increase of fourteen cases on the previous year.

SURGICAL TUBERCULOSIS.

Adults	{	Male ..	..	8
		Female	..	10
Children	{	Male ..	..	13
		Female	..	8
Total ..				<hr/> 39

Owing to the necessarily prolonged nature of the treatment in this type of case, the turnover is correspondingly small.

Treatment has been by means of suitable splints, open-air and general hygienic methods, plaster of Paris, Heliotherapy, both natural and artificial—the latter being done by means of Ultra-Violet Ray lamps—and other recognised methods. Recourse to operative measures has only been had when other procedures were unavailing—conservative methods are, in my opinion, better in the case of children than of adults suffering from surgical tuberculosis, although in the latter good results are often got also by this means alone.

Many of these cases were in children, and they also get education whilst recumbent in bed undergoing treatment. Owing to the fact that many of them have either not been able to attend school regularly, or else have never commenced doing so, it is remarkable that many of them have learnt to read and write whilst patients here. They are also taught raffia and suchlike handiwork whilst in bed.

In connection with this work the following table for the year may be of interest :—

SURGICAL TUBERCULOSIS CASES.

Nature of Treatment.			Number.
Plaster of Paris splints, &c., made, renewed,			
renovated, &c.	..	..	54
Surgical operations performed	..	..	50
General anæsthetics given	..	..	8
Nitrous oxide gas anæsthetics	..	..	4
Local anæsthetics	..	..	21

X-Ray and Ultra-Violet Light Apparatus, &c.

Owing* to the fact that the X-Ray apparatus was not fully completed till August, 1925—and even then it was held up at periods for minor structural alterations, &c., to the building—a full year's report is not available, but the amount of work done has been and is increasing more this year (1926) than for the previous four months. Two Ultra-Violet Ray lamps of the vacuum mercury vapour arc type were installed about the same time, and a radiant heat ray lamp about a month later. These items have all proved of considerable therapeutic value since they came into use, and the X-Ray plant has proved of inestimable value for diagnosis, especially in the surgical tuberculosis cases, and no doubt will be more fully utilised in the future. The following table shows the work done since the 6th August, 1925, till the end of the year :—

X-Ray cases photographed	Number.
Ultra-Violet Lamp treatments given ..	80
Number of patients treated by Ultra-Violet Ray lamps	558
	20

The 558 treatments given by the Ultra-Violet Ray (Artificial Sunlight) lamps were composed as follows:—

Disease.	Number.
Tubercular disease of spine	21
Lupus	159
Tubercular glands in neck	175
„ sinuses of bone	77
„ Peritonitis	28
„ Synovitis	34
„ disease of hip joint	4
Erysipelas	26
Muscular rheumatism	14
Other diseases	20
Total	558

In many of the above cases heat ray treatment was combined with the Ultra-Violet ray treatment, as the latter has little or no heat rays in it, and by doing this one imitates natural sunlight much more successfully.

Several other forms of treatment have also been tried, in suitable cases of tuberculosis, both pulmonary and non-pulmonary, but as they are of a technical nature I will not refer to them here.

Hospital Laboratory.

Nature of Material.	Total.	Positive.	Negative.
Number of swabs examined for Diphtheria	1179	87	1092
Sputum examination for Tubercle Bacillus, &c.	261	134	127
Blood for Typhoid (Widal Test)	7	1	6
Cerebro-Spinal Fluid	2	1	1
Urine specimens for special constituents	24	—	—
Pus samples from abscesses, &c.	3	—	—
Total number of Bacteriological examinations	1476		

This is an increase of 77 over previous year.

The 1,179 specimens examined for Diphtheria were composed as follows :—

SWABS FOR DIPHTHERIA.

Specimens	THROAT.		NASAL.	
	Positive.	Negative.	Positive.	Negative.
From Hospital Wards ..	40	400	6	42
From General Practitioners in Leicester ..	40	645	1	5
Totals ..	80	1045	7	47

As in previous years many hundreds of specimens of urine were examined in the wards here, and those specifically mentioned above are only cases in which a more thorough examination than is possible there, was required.

Nursing and Domestic Staff.

The general health of the nursing and other staff has been good, more especially so in view of the fact of the infectious nature of the cases treated here, and would compare most favourably with any other similar institution.

The Medical Superintendent, one staff nurse and one probationer nurse contracted diphtheria. Two probationers developed scarlet fever. One staff nurse developed pulmonary tuberculosis during the year. With the exception of the last case, who is still in hospital, all recovered.

During the year the cast-iron piping in connection with the hot-water supply and heating has been replaced by copper piping, and the separate calorifiers to each ward have been superseded by one large central calorifier in the engine-house instead, as the old galvanised cast-iron pipes had—as is the experience with the Derwent Valley water—become much choked up and in many places they were found to be completely occluded by the deposit thus formed, with the result that the water did not circulate. The hot-water circulation is much improved as a result.

The old machinery in the laundry was also replaced by modern and up-to-date plant, which ought to tend for more efficiency in that direction also.

In concluding this report I would like to thank all the members of the staff for their loyalty and co-operation during the year. In

particular I would like to express my thanks to Sister Lancaster, who has helped me greatly with the X-Ray apparatus, Ultra-Violet lamps, &c. And also to Mr. Letchford, A.M.I.E.E., our engineer-in-charge, for the trouble he has taken in connection with the various alterations to the plant, &c., here.

Retrospect.

As this will be the last report given by me on the Isolation Hospital and Sanatorium, it perhaps would not be out of place to give a brief survey of the three-and-half years (up to the end of 1925) during which I have had charge of the institution.

During this period the number of beds available for adult cases of Pulmonary Tuberculosis has been increased by twenty, this being due to the fact that we have taken over the wooden huts together with the workshops, &c., used by the Ministry of Pensions ex-Service men during 1923-24.

Doubtful cases of pulmonary tuberculosis are now admitted for observation, X-Ray examination, &c., before arriving at a definite diagnosis.

The number of cases, together with the facilities for treating cases of surgical tuberculosis have been increased and augmented. Extensive use has been taken of open-air, sunlight, and artificial heliotherapy amongst other things, as a means of treatment, together with plaster of Paris, as a medium for making suitable splints. A consulting surgeon is now attached to the staff, and better facilities are obtainable should operative interference be required—although this is not resorted to unless absolutely essential. The provision of a more suitable solarium for the female adult cases of surgical tuberculosis is a much desired feature.

A complete modern X-Ray apparatus and Ultra-Violet Light installation have been provided in a combined new building—which was originally designed by me to contain only the former. The provision of a separate ward for the Ultra-Violet Light apparatus, with the resulting improved and extended facilities for its application, are laudable projects for the future.

Facilities for mental relaxation in tuberculosis patients have also been increased by the provision of a large concert room complete with a stage and cinema, and the installation of several wireless sets throughout the wards, amongst other items.

Education of the children suffering from surgical tuberculosis, whilst in bed, is now part of the daily routine.

The addition of an up-to-date surgical operating theatre was one of the projects for the past year, but owing to funds "running dry" it had to be postponed till 1926. Several surgical instruments have been added to the scanty equipment formerly here, and from a perusal of the work for the past year only, it will be seen they have been put to some use.

An artificial heat ray lamp is now also part of our equipment. All the wards have been provided with a veranda on to which patients in bed can be wheeled out into the open-air. The provision of large covered shelters in the grounds adjoining the infectious wards is also a very desirable thing in my opinion. This would allow patients, convalescent from infectious disease, to get out much more into the open-air in wet or inclement weather, before discharge from hospital, and would give better results from the point of view of increasing their metabolism and decreasing their infectiousness on discharge.

The accommodation and recreation facilities for the medical, nursing, domestic and other staffs have been improved and extended. The hours on duty of the staff have been decreased and brought more into conformity with those at similar institutions. In my opinion a sufficient, contented, loyal and well-catered for staff is an invaluable requisite to any business or undertaking, and although we cannot pay any dividends in cash, yet it would be amply repaid in other ways as a consequence.

A complete modern telephone and "call bell" installation has been provided to all wards, &c., in this institution, and as the buildings here are necessarily scattered widely apart, it is not difficult to realise how useful it is found in actual practice to have a satisfactory means of quick intercommunication.

The hot water supply to all the wards and administrative block has been attended to, and is now found to be efficient. For the ensuing year the electric lighting of all the infectious wards will be overhauled, and this work has already been started upon and will soon be completed. It is an impossible thing to see skin rashes, &c., in infectious diseases cases without adequate lighting facilities.

Electric light and power in abundance is now available from the City of Leicester supply direct. The boiler-house, engine-room, laundry and cooking machinery have been completely overhauled, the equipment repaired, replaced or augmented where considered necessary with modern and more efficient apparatus.

The means of transport for sick and infectious cases, goods, &c., to and from the Hospital, has been increased by a specially equipped motor ambulance, and improved garage facilities, amongst other items.

I would like to mention that this institution was one of—if not the first—to be entirely supplied with Grade A Tuberculin Tested Milk for all patients and resident staff, this having been inaugurated in the summer of 1922.

The institution now derives more of its farm and garden produce from its own land than it did formerly, and this is still capable of extension.

F. A. E. SILCOCK,

Medical Superintendent.

TABLE A.
Number of Patients Admitted, Discharged and Died during 1925.

DISEASE.	Remaining 31st December, 1924.	Admitted during Year.	Discharged during Year.	Died during Year.	Remaining 31st December, 1925
Scarlet Fever ..	45	536	484	9	88
Diphtheria ..	78	336	351	32	31
Enteric Fever ..	1	4	4	1	—
Measles ..	—	39	39	—	—
Other Diseases ..	2	13	13	2	—
Erysipelas ..	—	18	12	3	3
Cerebro-Spinal Fever ..	1	2	2	1	—
Smallpox ..	—	*56	56	—	—
Smallpox Contacts ..	—	1	1	—	—
Tuberculosis :—					
Trainees ..	—	—	—	—	—
Adults ..	97	312	293	42	74
Surgical ..	29	39	35	2	31
Children ..	49	131	126	—	54
Discharged Soldiers ..	4	22	19	4	3
	—179	—504	—473	—48	—162
Total ..	306	1509	1435	96	284

*This is exclusive of seven cases sent to the Nottingham Smallpox Hospital.

TABLE B.

Patient Days.

			For 12 months ending Dec. 31st, 1925.	For 12 months ending March 31st, 1926.
Scarlet Fever .. ..	..	..	21588	23651
Diphtheria .. ..	..	..	14237	10523
Enteric Fever .. ..	..	..	505	197
Measles .. ..	..	..	619	626
Smallpox .. ..	..	..	1380	893
„ Contacts .. ..	..	..	17	—
Other Infectious Diseases	..	..	917	1031
Tuberculosis :—				
Adults .. ..	..	..	33422	32169
Discharged Soldiers	..	..	1741	1771
Children .. ..	..	..	11103	12450
Surgical Cases .. ..	..	..	11301	11779
			57567	95090

SUMMARY.

Infectious Diseases .. ..	..	..	39260	36921
Tuberculosis .. ..	..	..	57567	58169
Total .. ..	..	..	96827	95090

TABLE C.

City of Leicester.

ISOLATION HOSPITAL AND SANATORIUM.

Receipts and Payments during two years ending
31st March, 1926.

PAYMENTS.	Year 1924 25.			Year 1925 26.		
	£	s.	d.	£	s.	d.
Salaries and Wages	8598	1	0	9743	9	9
Provisions	7204	18	0	7310	2	2
Drugs, Medical Appliances, &c.	1516	7	11	1293	5	6
Fuel, Light and Water	3477	16	3	3898	9	2
Furniture, Bedding and Linen	702	12	6	574	3	6
Crockery and Hardware	205	17	3	252	16	0
Uniforms and Dresses	116	15	6	192	3	7
Cleaning Materials	297	2	7	293	7	0
Laundry	306	11	0	401	11	5
Structural renewals, &c.	2379	3	9	2732	3	0
Grounds, &c. (excluding wages)	326	15	7	188	6	7
Transport (excluding wages)	502	16	11	385	17	2
Printing, Stationery, Postage and Telephone	158	11	1	178	8	10
Rates and Insurance	994	4	0	968	18	5
Miscellaneous	360	9	4	332	5	0
Sanatorium School—Salaries, &c.	409	3	2	387	9	1
Occupational Treatment—Wages, Materials, Huts, &c.	1131	12	5	517	16	0
Total Payments	28688	18	3	29650	12	2
Less Sale of Produce and Miscellaneous Receipts	582	16	10	645	7	10
Net Payments for Maintenance	28106	1	5	29005	4	4
Net Payments per Patient Day	0	5	4	0	6	1
Receipts for Maintenance	2	4	8	3	7	7
*Net Cost (excluding Loan Charges)	£28103	16	1	£29001	16	9
Number of Patient Days	104,704			95,090		

*One half of the approved cost of treatment of tuberculosis patients is borne by the Government.

26th April, 1926.

ALFRED RILEY,
City Treasurer.

Report of the Public Analyst

For the Year 1925.

The present report is framed on lines similar to those of past years, and refers to work done in connection with the Analyses of Articles purchased in accordance with the Sale of Food and Drugs Act.

Since midsummer the new Laboratory has been available and the City Analyst and a qualified Assistant are full-time Officers of the Corporation.

The Laboratory is utilised by various departments of municipal activity, especially as regards water supply and sewage disposal; and there is little doubt that the aid of the Chemical Staff will be increasingly sought after in other directions.

Under the new arrangements a considerable increase in the number of samples analysed may be expected.

During 1925 the number of articles submitted for analysis under the Sale of Food and Drugs Act was 523. One half of these were taken during the last quarter of the year; 326 samples of milk were examined and watering was detected in 12 instances.

The presence of dirt is too often obvious, and it is high time that this pollution was stopped. In future particular attention will be devoted to this end.

Ninety-six milks were tested for preservatives but none were found.

Gross and palpable sophistication of articles of food is not often met with, and the public are more likely to be adversely affected by the substitution of inferior grades prepared to resemble higher qualities; or contamination, metallic or otherwise, may render food unsuitable or dangerous for human consumption.

Apart from direct adulteration the purchaser is entitled to receive that which is of the nature demanded, viz., good wholesome food in proper condition.

S. F. BURFORD.

TABLE A.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Milk	82	40	55	149	326
Dried Milk..	3	6	9
Butter	7	..	..	6	13
Margarine	5	5
Lard	16	16
Bread	13	..	13
Coffee	12	..	12
Currants	5	5
Mincemeat	6	6
Mustard	8	..	8
Pepper	12	..	..	12
Beer	6	..	6
Spirits	6	7	..	6	19
Wines	6	6
Chocolate	10	..	..	10
Dispensed Medicines	12	12
Bicarbonate of Soda	12	12
Borax	6	6
Camphorated Oil	7	7
Eucalyptus Oil	6	6
Lime Water	15	15
Seidlitz Powders	9	9
	95	69	97	272	523

Two hundred and seventeen of the samples were taken informally.

TABLE B.

Particulars of Adulterated Samples in 1925.

No. of Sample.	Nature of Sample.	Nature and Amount of Adulteration.	Action Taken and Remarks.
335	New Milk	8 per cent. added water ..	.. No action.
339	Whiskey	Deficient of 1.8 degrees of proof spirit ..	.. Cautioned by Committee.
341	"	Deficient of 3.2 degrees of proof spirit ..	.. Fined £5 and 40/- costs.
345	New Milk	14 per cent. added water ..	.. Fined £5 and costs.
346	"	13 " " " ..	..
372	"	65.4 " " " ..	.. No action.
377	"	64 " " " ..	.. Fined £5.
380	"	66 " " " ..	.. Fined £5.
405	"	3 " " " ..	.. No action.
417	"	30 per cent. deficient in fat ..	.. To pay costs.
462	Whiskey	2.6 degrees proof spirit below legal standard ..	.. Cautioned by Committee.
519	New Milk	40 per cent. deficient in fat ..	.. Cautioned by letter from Town Clerk.
669	Lime Water	8 per cent. deficient in lime ..	.. No action.
689	"	Lead present to extent of 1.4 parts per million	.. Cautioned by letter from M.O.H.
694	Camphorated Oil	6.45 per cent. deficient in camphor ..	.. No action.
713	Lime Water	7 per cent. deficient in lime ..	.. Cautioned by letter from M.O.H.

TABLE B—Continued.
Particulars of Adulterated Samples in 1925.

No. of Sample.	Nature of Sample.	Nature and Amount of Adulteration.		Action Taken and Remarks.	
715	Lime Water	..	54 per cent. deficient in lime	..	Cautioned by Committee.
717	Camphorated Oil	..	5.6 per cent. deficient in camphor	..	Cautioned by letter from M.O.H.
734	New Milk	..	Found to be dirty	..	Cautioned by letter from Town Clerk.
735		..	..	..	..
741		..	..	..	..
742		..	..	..	Cautioned by Committee.
744		..	..	..	..
789	"	..	..	..	"
797	"	..	..	..	"
801	"	..	..	..	"
802	"	..	..	..	"
877	"	..	..	..	"
879	"	..	5 per cent. added water	..	"
884	"	..	4	..	"
901	"	..	8	..	No action.
934	"	..	30	..	Fined £3.
	"	..	10	..	Fined £5.
	"	..	"	..	Fined £3.

REPORT OF CHIEF SANITARY INSPECTOR.

Staff.

The Inspection Staff consists of a Chief Inspector, a whole-time Meat Inspector, and eleven District Sanitary Inspectors.

There were two changes during the year: Inspector R. H. Mather resigned and left in February on securing an appointment under the Skegness U.D. Council, and our greatly esteemed colleague, Inspector A. G. Stanyon, died in harness after being ill for several months. W. J. Parkinson, of Rotherham, was appointed to fill the first vacancy, and G. Janes, of Buckingham C. Council, the second.

An additional typist was appointed in June.

Duties.

With the coming into force of the Public Health (Meat) Regulations on 1st April, 1925, a very considerable amount of our Inspectors' time has been diverted from other work to meat inspection, and the premises used in connection therewith. Under the Meat Regulations, notices of intention to slaughter have to be given to the Health Department by butchers. In the Ministry of Health Memo. issued with the Regulations, it is urged upon Local Authorities to make every effort to have inspections made at those times. In Leicester twice as many inspections of private slaughterhouses, butchers' shops, and other food shops, were made in 1925 as in the previous year. Some notices have been received of intention to slaughter as early as 4 a.m., and in many slaughterhouses slaughtering goes on till 9 and 10 p.m., and also on Sundays.

An analysis of the figures in this report and the report of 1924 show how the work of the Sanitary Inspectors has been affected by the Meat Regulations. There is less time to attend to repairs to houses, and it must be remembered that each of our Inspectors has under his care from 4,500 to 5,000 dwellings. House-to-house inspections in 1925 are about two-fifths the number made in 1924. For every House-to-house inspection made in 1925, over twenty

re-inspections were made for the purpose of supervising the repair work. With our present small inspection staff we are not likely to overtake the arrears of house repairs that have accumulated during the past eleven years. The slums are gaining ground to-day.

Synopsis of Sanitary Inspection Work.

An "inspection" is the first visit made to premises.

A "re-inspection" is a visit made after notice has been served for the remedying of a defect.

	Inspections.	Re-inspections.	Total.
<i>Re</i> Accumulations	209	44	253
<i>Re</i> Animals, Poultry, Swine, &c. ..	99	60	159
Ashpits and Ashbins	333	253	586
Bakehouses—Factory	149	14	163
Non-Factory	213	9	222
Canal Boats	136	—	136
Cesspools	24	35	59
Closets—Water.. ..	598	458	1056
Pails	14	7	21
Common Lodging Houses—Day ..	296	—	296
Night..	19	—	19
Complaints Received	2378	6492	8870
Complaints Confirmed	2099	4937	7036
Cowsheds	58	—	58
Dairies, Milkshops and Milkstores..	608	—	608
Dangerous Structures	55	2	57
Drains Inspected—Smoke Tests ..	2311	—	2311
" "	3216	—	3216
Chemical Tests	36	—	36
Colour Tests ..	80	—	80
Entertainment Houses	26	—	26
Factories	118	—	118
Fish Frying Premises	140	7	147
Food Manufacturing Premises ..	75	6	81
Houses <i>re</i> Contagious Disease ..	1341	35	1376
Houses <i>re</i> Contagious Disease			
Enquiry	1921	33	1954
Houses <i>re</i> Disinfection	403	11	414
Housing Acts—Houses	474	9649	10123
Houses Let in Lodgings—Day ..	37	—	37
Hotel and Restaurant Kitchens ..	53	—	53
Ice-cream Premises	103	—	103
Meetings with Owners or Tradesmen	2982	—	2982

	Inspections.	Re inspections.	Total.
Offensive Trade Premises ..	150	—	150
Piggeries	20	—	20
Shops—Meat	2484	—	2484
Fish	370	—	370
Fruit	238	—	238
Meat Regulations (Special)	772	—	772
Schools	17	—	17
Slaughterhouses (not including Cattle Market group) ..	4972	—	4972
Smoke Observations	330	—	330
Special Interviews with Stokers, &c.	224	—	224
Special Visits	3157	—	3157
Sewers, &c.	6	—	6
Streets or Back Roads	18	—	18
Tips	11	—	11
Urinals—Public	113	—	113
Private	20	—	20
Van Dwellings	303	—	303
Wells	4	3	7
Workshops and Workplaces (ex- cluding Bakehouses) ..	324	—	324
Yards and Courts	797	367	1164
Grand Totals ..	34934	22422	57356
Notices—Served	—	—	2064
—Informal	—	—	99
—Formal	—	—	1358
Complied with—Informal	—	—	43
—Formal	—	—	532
Samples—Food and Drugs Acts ..	—	—	2
Water	—	—	65
Bacteriological	—	—	

BAKEHOUSES.

A small retail bakehouse was considered by the Health Committee to be unfit on sanitary grounds. The occupier on being informed of this, carried out extensive alterations and improvements as follows:—

Washing accommodation, viz., a glazed sink with water-tap over.

A new floor and ceiling to the bakehouse and a new staircase and floor to a store-room over.

- A partition to separate the stoke-hole from the bakehouse.
- Castors to all tables, troughs, racks, to facilitate cleansing of bakehouse.
- A new pedestal water closet, and
- Minor repairs and cleansing.

CANAL BOATS.

The whole of the "available" boats on the register, viz., 48, are "Narrow" boats. 101 boats were inspected during the year; these were occupied by 111 males, 76 females, 25 children over 5 years and 24 under 5 years.

Contraventions were as follows:

Cabins dirty	..	..	5
Cabins requiring painting	..	..	4
Cabins not weatherproof	..	..	4
No water cask provided	..	..	1

These defects were remedied without legal proceedings.

One new "Narrow" boat was registered.

A new Order issued on the 9th June, 1925, places the onus of keeping canal boats clean and in proper repair on the *Owner*. Previously the Master and Owner were jointly responsible.

COMMON LODGING HOUSES.

There is a great need for more Common Lodging Houses in the City, especially in view of the number of existing Lodging Houses that will be affected by the Street Improvement Scheme.

One application was received for the approval of a scheme to convert a disused factory into a Common Lodging House. The case was considered, but the Health Committee did not think the premises were suitable owing to the situation.

COWSHEDS.

Dairies, Cowsheds, and Milkshops Orders, 1885 6.

A Cowshed in the City was, in the opinion of the Health Committee, unsuitable for use as such, on account of the inadequacy of the arrangements with regard to the lighting, ventilation, air-space, and cleansing.

The case was represented to the occupier, and he was requested within a given time, to discontinue using the building as a cowshed, but no Statutory action had been taken against him by the end of the year.

Milk and Dairies Amendment Act, 1922.

A City Cowkeeper appeared before the Health Committee to show cause why he should not be removed from the Register of Cowkeepers and Purveyors of Milk, for carrying on business in such a manner as to endanger the public health. The case was unanswerable, but the Committee decided to caution the offender on obtaining a promise that the offence would not be committed again.

Dirty Sediment in Milk.

Six producers of milk (Farmers) from premises outside the City were requested to come before the Health Committee to give explanation for sending milk containing dirty sediment to local milk purveyors. Five appeared before the Committee and were cautioned, but one did not come. He was cautioned by the Town Clerk by order of the Committee, and shortly afterwards gave up sending milk into the City. In one case a marked improvement was shown when further samples were examined.

DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam during the year was 1,876. The number of houses or parts of houses disinfected was 1,970.

DRAINS.

Voluntary Cleansing of Stopped Drains by Health Department.

305 drains were attended to, and of these, 175 were unstopped immediately. In the remaining 130 cases the owners' attention had to be called to them.

Misuse of Drains, Water Closets, &c., by occupiers of Dwelling houses.

Posters (13 × 16 inches) calling the attention of occupiers of houses to their responsibilities under the Public Health Acts in connection with drains, water closets, &c., were printed for posting up in common yards, and for distributing to property owners.

Many have been supplied to property owners, and they are evidently much appreciated. In one instance proceedings were instituted against the occupier of a house for failure to abate a nuisance arising from the defective condition of a pedestal water closet basin which had been broken by a member of his family. The magistrates gave their decision against the occupier, and inflicted costs only, on condition that the broken basin was replaced. (See legal proceedings.)

ADMINISTRATION OF FACTORY AND WORKSHOPS ACT, 1901.

In connection with Factories, Workshops, Workplaces and
Home Work.

1. —Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories	118	23	None
Workshops	324	7	None
Total	442	30	None

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects		Number of Prosecutions. (4)
	Found. (2)	Remedied. (3)	
Nuisances under the Public Health Act :—			
Want of Cleanliness ..	11	7	—
Want of Ventilation ..	7	6	—
Overcrowding	—	—	—
Other Nuisances ..	24	9	—
Sanitary Accommodation			
Insufficient	12	5	—
Offences under the Factory and Workshops Act ..	—	—	—
Total	54	27	—

3. —Home Work.

The number of lists received from employers was as follows :—

	Twice in the year.		Once in the year.	
	Lists.	Outworkers.	Lists.	Outworkers.
Wearing Apparel (making)	33	1007	43	338

4.— Other Matters.

CLASS (1).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshops Acts (S. 133, 1901)	None
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts (S. 5, 1901)	<div> <div>Notified by H.M. Inspector</div> <div>Reports (of action taken) sent to H.M. Inspector</div> </div> <div> <div>46</div> <div>46</div> </div>
Underground Bakehouses (S.101) in use at the end of the year	1

HOUSING.

See report, page 41, and Table 29.

Improvements to Houses.

A few of the principal improvements carried out to houses are given below.

Separate internal water supply provided	..	417
Houses provided with sinks .. .. .	..	115
Old sinks renewed .. .. .	..	105
Additional water closets provided .. .. .	..	71
Roofs entirely stripped and reslated .. .. .	..	15
House drains reconstructed .. .. .	..	974

Filthy Houses.—In two cases houses were certified by the Medical Officer of Health as filthy, under the Public Health Act, and formal notices were served upon the owners.

Filthy Tenants.—In two cases owners of houses appealed to the Health Committee under the provisions of Section 49 of the Leicester Corporation Act, 1921, to assist them in getting possession of two houses, on the grounds that the tenants were habitually filthy. The Committee agreed to support the owners, who took action in the Courts and obtained possession of the houses.

In the first case the tenant was an aged woman who collected rubbish, mainly wastepaper, from the streets and stored it in her living room. She had been a source of trouble to the Health Department and Fire Department for several years.

In the second case the tenant was an aged man who collected wood and other inflammable material and stored them in his house. When possession was obtained, thirteen cart loads of rubbish were removed from the house by the Corporation. This house was afterwards closed voluntarily by the owner, as it was totally unfit for habitation.

ICE CREAM PREMISES.

A close supervision has been exercised over the premises used for this purpose. In one instance an Inspector discovered Ice Cream being manufactured on premises where a Chimney Sweep carried on business; the manufacture of ice cream was stopped at once.

LEGAL PROCEEDINGS.

Public Health Acts.

For the abatement of a nuisance	1
Using unlicensed premises as a Slaughterhouse ..	1

Smoke Nuisances	3
--------------------------------	----------

Contravention of Bye-Laws :—

Common Lodging Houses	2
With respect to nuisances from Stables ..	1

Sale of Food and Drugs Acts	6
--	----------

Sale of Food Order, 1921	1
---	----------

For details of prosecutions, see tables on pages 96 and 97.

FOOD SUPPLIES—Supervision of.

The supervision of the City's food supplies is carried out by the Sanitary Inspection staff (all of whom are specially trained and qualified for the work) on their respective districts. Each Inspector is responsible for a certain number of Private Slaughterhouses, and the inspection of our retail fish, fruit, and meat markets in turn, during market days, viz., Wednesday, Friday, and Saturday.

The following Tables give particulars of foodstuffs voluntarily surrendered to the Inspectors and destroyed.

It was not necessary to institute legal proceedings against any person or to "seize" any foodstuffs.

Tables F. and H. show the high incidence of disease among Cows as compared with other Beasts.

TABLE A.

			Tons.	Cwts.	Qrs.	Lbs.
Meat	..	..	47	19	1	3
Fish	..	..	28	11	1	7
Fruit	..	..	3	0	3	4
Vegetables	..	..	2	2	3	21
Rabbits	..	..	..	..	2,418	
Preserved Foods (Tinned Goods)				..	12,201	tins.
Poultry	..	..	..	..	129	
Eggs	..	..	..	..	2,589	
Hares	..	..	..	..	7	
Game	..	..	..	..	466	birds.

MEAT.

TABLE B.

Total weights of British and Imported Meat and Offal rejected, at various premises.

		Tons.				Cwts.				Qrs.				Lbs.			
		British Meat.				Imported Meat.				British Offal.				Imported Offal.			
		Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Total Weight		..	47	19	3												
Shops	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Private Slaughterhouses		11	5	-	-	-	-	-	-	3	3	0	9	-	-	-	-
Cattle Market		24	6	1	10	-	-	-	-	3	9	1	7	-	-	-	-
Corporation Cold Stores		-	5	1	1	-	-	3	1	-	-	2	14	-	-	-	-
Retail Market		-	10	-	15	-	1	2	3	-	-	3	11	-	-	-	-
Wholesale Market (Imported)		-	-	2	9	-	1	3	15	-	4	2	6	-	-	2	2
Railway Stations		-	1	-	-	-	-	-	-	-	4	3	26	-	-	-	-
Totals		37	5	2	20	1	17	2	0	7	13	1	26	1	2	2	13

TABLE C.

Total weights of Carcases, Parts of Carcases, and Offal, rejected for all diseases.

	Carcase.			Parts of Carcase.			Offal.			Total.		
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Tuberculosis	12	8	0	2	1	3	3	25	2	9	2	24
Other defined Diseases	20	19	3	25	6	3	1	20	4	14	0	19
Total	33	7	3	27	7	7	1	17	7	3	3	15
									47	19	1	3

TABLE D.

Total number of Carcases found affected, for various diseases.

Carcases affected with Tuberculosis.	Carcases affected with other defined diseases.	Total number of Carcases affected. (All diseases.)
229	439	668

Number of healthy Carcases examined not available.

TABLE E.

Number of Carcases showing evidence of Tuberculosis and number of entire Carcases rejected.

	Poultry.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Number of Carcases affected	170	2	-	-	57	229
Number of entire Carcases rejected	51	1	-	-	12	64

TABLE F.

Total number of Carcases rejected for Tuberculosis and other defined diseases.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total of all Carcases.
Tuberculosis	..	46	2	3	1	-	-	12	64
Other defined diseases	..	62	2	10	29	116	40	57	316
Totals	..	108	4	13	30	116	40	69	380

TABLE G.

Total number of all Carcases, parts of Carcases, and Offal, rejected for all diseases.

Disease.	Carcases.	Parts of Carcase.	Offals of Carcase.	Total number affected.
Tuberculosis	64	15	150	229
Other defined Diseases	316	90	33	439
Totals ..	380	105	183	668

TABLE H.

Tabulated List of other Diseases and their incidence in Carcases rejected.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Dropsy	-	26	1	1	8	30	8	2	76
Fevered, including :—									
Pyrexia	-	4	-	1	5	5	2	2	63
Parturition ..	-	5	-	-	-	16	1	-	
Pneumonia ..	-	2	-	-	2	6	3	2	
Pleuritis	-	-	-	1	1	1	-	1	
Pathological changes ..	-	2	-	-	-	1	-	-	47
Decomposed	-	2	-	-	5	25	10	5	
Emaciated	-	4	1	4	2	14	6	5	36
Suffocation, including :—									
Asphyxia	-	-	-	-	-	6	-	14	33
Dead Animals ..	-	-	-	-	-	3	1	3	
Moribund	-	2	-	-	-	1	-	1	
Electrocutd ..	-	-	-	-	-	2	-	-	20
Immaturity	-	-	-	2	6	-	9	3	
Damaged in transit ..	-	-	-	-	-	5	-	4	9
Septic condition, including :—									
Septic Metritis ..	-	2	-	-	-	-	-	-	8
Septicæmia	-	1	-	-	-	1	-	-	
Gangrene	-	3	-	-	-	-	-	1	8
Rickets	-	-	-	-	-	-	-	8	
Physicked	-	5	-	-	-	-	-	-	5
Johnnes' Disease ..	-	4	-	1	-	-	-	-	5
Swine Erysipelas ..	-	-	-	-	-	-	-	3	3
Swine Fever	-	-	-	-	-	-	-	3	3
Total	-	62	2	10	29	116	40	57	316

SLAUGHTERHOUSES.

During the year two Registered Private Slaughterhouses were removed from the Register, reducing the number to 47. No compensation was paid in respect of them.

One new Private Slaughterhouse was granted an annual license

One Knackers' Yard was granted an annual license.

Particulars of all Slaughterhouses in the City.

Registered Private Slaughterhouses	..	..	47
Licensed Private Slaughterhouses (includes one Knackers' Yard)	..	..	2
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	..	..	18
Total Slaughterhouses			67
Number of butchers using Corporation Slaughterhouses			35
Number of butchers using other Private Slaughterhouses (approx.)	..	..	124

SMOKE ABATEMENT.

Action taken re smoke nuisances :—

Observations taken of chimney stacks	..	..	330
Chimneys reported for causing nuisance	..	..	27
Cautions by Inspectors	..	..	11
Interviews of Engineers or Stokers by Inspectors	..	..	224
Informal Notices or Letters sent	..	..	7
Chimneys reported to Health Committee	..	..	6
Town Clerk instructed to write	..	..	1
Prosecutions	..	..	3

Eleven District Inspectors take observations of factory chimneys on their respective districts. Special attention is given to the interviewing of Stokers or Engineers.

The following improvements to steam raising plants were carried out during the year :—

Additional boilers provided	..	..	4
Small boilers replaced by larger ones	..	..	3
New chimney stacks provided	..	..	2
Furnaces fitted with patent smoke consumers	..	..	21
Furnaces fitted with other special apparatus	..	..	5

LEGAL PROCEEDINGS.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fine.	Costs.
Bye-laws respecting Common Lodging Houses.	Permitting overcrowding at two Common Lodging Houses.	Owner ordered to pay costs in each case.	£ s. d. — — —	£ s. d. 10 0 —
Sale of Food Order, 1921	Exposing imported meat for sale not properly labelled.	—	5 0 0	—
Sale of Food and Drugs Acts	Selling adulterated milk (13% and 14% added water, two samples).	—	5 0 0	17 6
Sale of Food and Drugs Acts	Selling adulterated milk (64% and 66% added water, two samples).	—	10 0 0	2 2 0
Sale of Food and Drugs Acts	Selling whisky 3.2 degrees under proof.	—	5 0 0	2 2 0
Sale of Food and Drugs Acts	Selling milk 30% deficient in fat.	Vendor ordered to pay costs.	—	5 0
Public Health Act, 1875	Failure to abate a nuisance arising from a broken water closet basin.	Tenant to pay costs of new basin.	—	—

LEGAL PROCEEDINGS Continued.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result	Fine.		Costs.	
			£	s. d.	£	s. d.
Public Health Acts ..	Using unlicensed premises as a slaughterhouse—lapse of Registration privilege by non-usage.	Case dismissed.				
Bye-laws with respect to Nuisances ..	Failure of owner to provide stables with manure bins.	Case adjourned for two weeks on condition that occupier provided manure bins. Summons withdrawn on payment of costs on second hearing.			5	0
Leicester Improvement, Drainage and Markets Act, 1868 (Regulations)	Excessive smoke emitted from factory chimney.		2	0 0		
Ditto	Ditto		2	0 0		
Ditto	Ditto		2	0 0		
Total ..			£31	0 0	£6	6 6

F. G. McHUGH, Chief Inspector.

Reports of the V.D. Medical Officers.

1. Report on the Male V.D. Clinic.

By H. J. BLAKESLEY, F.R.C.S.

I beg to report on the work of the Male Venereal Clinic at the Royal Infirmary, under your control and that of the Ministry of Health, for the year ending December 31st, 1925.

During this period, 405 patients presented themselves for diagnosis and treatment.

By clinical examination, 108 were suffering from syphilis, 288 from gonorrhœa, and 9 were non-venereal.

Eight patients were suffering from both acute syphilis and gonorrhœa; 49 others, after repeated clinical and pathological examinations, were found to be non-venereal and were discharged.

Of the new cases, 318 were from the City and 87 from the County.

12,893 attendances were made by patients on the books; of these, 4,215 were treated for syphilis, 8,669 for gonorrhœa, 9 were non-venereal—10,992 attendances were by City patients and 1,901 by County patients. 4,202 of the attendances were at times other than when the clinic was in session, for irrigations and other intermediate treatment, 3,751 being City and 451 County patients.

In every case treated, the blood and discharges were submitted for pathological and bacteriological tests on one or more occasions for the purposes of diagnosis, aid to treatment, evidence of progress and proof of recovery. The cerebro-spinal fluid in many cases of neuro-syphilis was submitted to Wassermann and other tests, and when advisable, Salvarsanised blood-serum injected intraspinally for their treatment.

To patients suffering from syphilis, 1,836 intravenous or intramuscular injections of Salvarsan substitutes and 849 intramuscular injections of mercurial cream were administered; of these, 2,070 were for treatment of City and 615 of County patients.

To patients suffering from gonorrhœa, 8,248 intra-urethral irrigations—anterior and posterior—were given, and in a large proportion of these cases instrumentation, instillation, vaccines, prostatic and urethral massage were administered as necessary treatment.

In-Patients.

Eighty-nine patients were admitted to the wards, 59 being City and 30 County patients; 29 were highly infectious; 15 suffered from epididymitis—8 of these having this complication on admission; 3 cases of neuro-syphilis were admitted for test of cerebro-spinal fluid, and 3 for intraspinal injections; 1 for arsenical dermatitis; 1 for cardiac syphilis; 1 tubercular epididymitis, and 1 for cancer of tongue, secondary to syphilis. There were 42 operations performed under anæsthesia. All the patients recovered or were relieved as the result of treatment.

Results.

The number of patients who ceased attendance before completing the first course of treatment were :—

Syphilis	..	..	19
Gonorrhœa	..	..	41

Who ceased attendance after completing one or more courses, before completion of treatment necessary :—

Syphilis	..	..	32
Gonorrhœa	..	..	46

Who ceased attendance after completion of treatment, but failed to submit themselves to final tests :—

Syphilis	..	..	175
Gonorrhœa	..	..	429

Transferred to other Clinics :—

Syphilis	..	..	1
Gonorrhœa	..	..	9

Those who completed treatment and submitted themselves to repeated tests and were clinically and pathologically proved to be cured :—

Syphilis	..	..	28
Gonorrhœa	..	..	73

The Ministry of Health Inspector, Dr. Quine, requested that the patients who had not attended during the six months ending December 31st, 1925, for observation or treatment, should be written off the books, and this has been done.

Tests.

The patients described as cured are submitted to exhaustive tests, in accord with the rules laid down by the Ministry of Health.

Points of Material Interest.

During 1924, there was a decrease of 18 per cent. in the number of new cases admitted to the Clinic. During 1925, there was an increase of 13 per cent.—chiefly due to the incidence of gonorrhœa. There is a further increase in the number of attendances for treatment. This increase is chiefly caused by the attendances of City patients suffering from gonorrhœa.

Every effort has been made to persuade and encourage patients to persist in their attendances for treatment, until all symptoms have disappeared and the necessary tests have been made to prove that their cure is complete.

Dr. Raffan, the former Inspector from the Ministry of Health, has paid one official visit, and Dr. Millard, the City Medical Officer of Health, has paid four such visits of inspection.

The Board of Governors of the Royal Infirmary have afforded me every assistance and facility for the efficient working of the Clinic.

I wish to thank my colleagues, Dr. Atkinson, Dr. Mackarell, and my non-medical co-workers for their efficient help and loyal support during the past year.

HENRY J. BLAKESLEY,
Medical Officer.

2. Report on Female Venereal Disease Clinic at the Royal Infirmary, 1925.

By BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

The work in this department has gone steadily on during the year.

The number of patients seen for the first time is 265. Of this number 198 were from the City: 93 suffered from syphilis, 91 suffered from gonorrhœa, 14 showed no definite signs of disease.

The number of children from the City under school age examined for the first time was 61.

Out-Patients.

In the Out-Patient Department, the total attendances of patients numbered 5,753:

4,854 at the Clinics when seen by the Medical Officer;
899 at other times for prescribed treatment.

Attendances of City patients have numbered 4,592. Of these, 2,338 were for syphilis, 2,234 were for gonorrhœa, and 20 were by patients not suffering from V.D.

Thirty-five pregnant women have presented themselves for treatment.

(1) Syphilis.

Treatment of this disease has been by injections and by administration by mouth of necessary drugs, or by inunction. 282 City patients have been treated by injection.

Drugs used have been neokharsivan, given by the intravenous method; sulfarsenal and metallic bismuth, both the latter given intramuscularly.

One thousand three hundred and ninety-five injections have been given, of which 969 were to City patients. Of these 832 were intravenous injections of neokharsivan, 91 were intramuscular injections of sulfarsenal, 46 were of metallic bismuth.

Fourteen pregnant mothers suffering from syphilis have been examined and treated all through pregnancy whenever possible, both by injection and by medicine by the mouth.

Babies are treated for at least one year and watched or treated longer if considered necessary.

(2) Gonorrhœa.

Local disinfection by dressings, tampons, pessaries, and douches have been made frequently. Tonics as iron, arsenic, cod liver oil are given, and alkalies administered in acute cases.

During the last four months a few acute cases of urethritis have been treated by frequent bladder irrigations, and at present all appear benefited.

Twenty-one pregnant mothers have attended for gonorrhœa or for the diagnosis of gonorrhœa.

Seventeen cases of syphilis and 14 of gonorrhœa have been discharged and asked to return in six months for observation.

In-Patients.

One hundred and twenty-eight cases have been treated in the ward, 84 being City cases. Twelve confinements have taken place. Two Cæsarean sections have been performed for contracted pelvis complicated by gonorrhœa. In one case the baby died in 24 hours. One case of streptococcal septicæmia died, also the baby. The presence of gonorrhœa was never definitely diagnosed.

Three operations for curettage have been performed, and 3 cases of Bartholinis abscess have been opened under general anæsthesia. Four cases of salpingitis have been treated by rest and disinfection, and these subsided without operation.

The total number of in-patient days of treatment given during the year was 2,818.

BESSIE W. SYMINGTON,

Medical Officer.

3. Report of the V.D. Clinics at St. Mary's Home for 1925.

This department is carried out at 1 Ashleigh Road, and is divided into three parts :—

- A. Work in the Hostel (9 beds).
- B. Work at the weekly Clinics.
- C. Work every day carried on by the Sister-in-Charge according to prescription.

A.—The total number of new cases treated during the year has been 75, and the total number of days of residence in the Hostel for girls has been 2,702, and of babies 521.

From the City the number admitted has been 15 girls and three babies. Thirteen were cases of gonorrhœa and two of syphilis and gonorrhœa.

The number of days of residence of City girls was 899, and of City babies, 198.

Three City girls were confined in the Royal Infirmary V.D. Ward and returned with the baby to the Hostel after two weeks.

Eleven City girls have been discharged during the year.

Since February two clinics have been held weekly, one on Monday mornings for Hostel girls, and one on Thursday evenings for out-patients who are working. Necessary dressings have been done at times suitable to the working girl.

B.—The weekly clinic is held on Thursday evenings. This is attended by discharged in-patients, and by girls who refuse to attend the clinics at the Royal Infirmary because of publicity.

The total number of new out-patients has been 44.

Thirty-four City girls have attended, and of these 6 suffered from syphilis, 16 suffered from gonorrhœa, 3 suffered from both syphilis and gonorrhœa, 9 were sent for diagnosis and no disease was found.

One hundred and eighty-eight injections have been given, 76 being to City patients. Of these, 69 were intravenous injections of neokharsivan, and 7 were intramuscular injections of metallic bismuth.

C.—The number of attendances made by the City patients for prescribed treatment at other times than at the clinics has been 133.

About 80 per cent. of cases this year have been sent by doctors.

BESSIE W. SYMINGTON,

Medical Officer.

APPENDIX VI.

STATISTICAL TABLES.

TABLE 1.

MUNICIPAL WARDS. VITAL STATISTICS, 1925.

WARD.	(1)	No. of Inhabited Tenements, July, 1925.	(2)	Estimated Population, July, 1925.	(3)	No. of Persons per Tenement, Census, 1921.	(4)	Births (corrected).	(5)	Deaths.	(6)	Deaths under 1 year.	(7)
1. St. Martin's	..	567	..	2,279	..	4.02	..	34	..	48	..	5	..
2. Newton	..	2,158	..	8,955	..	4.15	..	235	..	147	..	19	..
3. St. Margaret's	..	3,138	..	13,148	..	4.19	..	274	..	200	..	39	..
4. Wyggeston	..	3,571	..	15,498	..	4.34	..	375	..	282	..	53	..
5. Latimer	..	3,817	..	17,710	..	4.64	..	356	..	227	..	32	..
6. Charnwood	..	1,984	..	8,293	..	4.18	..	134	..	145	..	11	..
7. Wycliffe	..	2,789	..	11,156	..	4.00	..	128	..	186	..	11	..
8. De Montfort	..	1,668	..	7,255	..	4.35	..	96	..	83	..	9	..
9. The Castle	..	3,169	..	13,373	..	4.22	..	264	..	204	..	23	..
10. Westcotes	..	6,268	..	25,385	..	4.05	..	357	..	254	..	30	..
11. The Abbey	..	4,726	..	21,786	..	4.61	..	402	..	251	..	43	..
12. Belgrave	..	4,008	..	17,354	..	4.33	..	265	..	198	..	26	..
13. West Humberstone	..	4,579	..	21,429	..	4.68	..	390	..	277	..	21	..
14. Spinney Hill	..	6,188	..	26,113	..	4.22	..	386	..	301	..	20	..
15. Knighton	..	4,393	..	17,088	..	3.89	..	191	..	180	..	9	..
16. Aylestone	..	3,152	..	14,751	..	4.68	..	288	..	151	..	16	..

TABLE 2.
MUNICIPAL WARDS. VITAL STATISTICS, 1925.

WARD.		Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Phthisis rate.
1.	St. Martin's ..	14.9	21.0	147	2.19	0.87
2.	Newton ..	26.2	16.4	80	1.89	1.11
3.	St. Margaret's ..	20.8	15.2	142	1.59	1.59
4.	Wyggeston ..	24.2	18.1	141	1.93	1.80
5.	Latimer ..	20.1	12.8	89	0.95	1.01
6.	Charnwood ..	16.1	17.4	32	1.32	1.08
7.	Wycliffe ..	1.4	16.6	86	0.80	1.34
8.	De Montfort ..	13.2	11.4	93	0.96	0.41
9.	The Castle ..	19.8	15.2	87	1.57	2.09
10.	Westcotes ..	14.0	10.0	84	0.43	1.14
11.	The Abbey ..	18.4	11.5	106	1.19	1.37
12.	Belgrave ..	15.2	11.4	98	0.63	1.03
13.	West Humberstone ..	18.2	12.9	54	0.93	1.21
14.	Spinney Hill ..	14.7	11.5	52	0.76	1.03
15.	Knighton ..	11.2	10.5	47	0.70	1.28
16.	Aylestone ..	19.5	10.2	55	1.15	1.08

TABLE 3.
Deaths in each Ward, classified for Age and Cause, 1925.

WARD.	0 to 1 year.	1 to 5 years.	5 to 60 years.	Over 60 years.	Total all ages.	Influenza.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Lymphoid Fever.	Other Zymotics.	Total.	Paratyph.	Phthisis.	Respiratory Diseases.	Developmental Diseases.	Cancer.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1. St. Martin's ..	5	4	24	15	48	3	1	..	1	..	..	..	5	..	2	8	28	5	48
2. Newton ..	19	20	46	62	147	2	2	1	8	3	..	..	17	6	10	28	75	11	147
3. St. Margaret's ..	39	18	73	70	200	5	4	2	6	2	..	2	21	11	21	38	95	14	200
4. Wyggeston ..	53	37	86	106	282	4	9	1	8	1	..	7	30	12	28	83	111	18	282
5. Latimer ..	32	15	76	104	227	5	2	..	3	6	..	..	17	7	18	47	115	23	227
6. Charnwood ..	11	10	50	74	145	3	1	..	5	1	..	1	11	..	9	37	72	16	145
7. Wycliffe ..	11	5	51	119	186	2	1	2	1	2	..	1	9	1	15	27	107	27	186
8. De Montfort ..	9	2	18	54	83	3	..	1	1	1	..	1	7	..	3	12	54	7	83
9. The Castle ..	23	14	89	78	204	5	4	..	5	5	..	2	21	2	28	28	105	20	204
10. Westcotes ..	30	11	94	119	254	5	2	..	2	..	..	2	11	5	29	34	139	36	254
11. The Abbey ..	43	17	90	101	251	4	5	..	12	3	..	2	26	8	30	37	124	26	251
12. Belgrave ..	26	4	73	95	198	4	1	..	3	1	..	2	11	4	18	31	110	24	198
13. West Humberstone ..	21	15	98	143	277	1	5	1	6	1	..	6	20	2	26	34	174	21	277
14. Spinney Hill ..	20	10	104	167	301	5	3	..	4	1	..	7	20	3	27	42	172	37	301
15. Knighton ..	9	3	89	79	180	3	..	1	..	3	1	4	12	..	22	20	103	23	180
16. Aylestone ..	16	15	66	54	151	1	4	1	3	4	..	4	17	1	16	15	91	11	151
Infirmery ..	43	18	174	63	298	..	1	..	1	..	..	6	8	7	5	35	209	34	298
Poor Law Infirmary ..	36	34	131	289	490	1	14	1	21	1	..	7	45	16	45	44	295	45	490
City Mental ..	1	..	23	42	66	..	..	..	..	..	..	1	1	..	1	4	56	4	66
Isolation Hospital ..	4	24	65	..	93	..	..	9	1	30	1	4	45	..	45	1	2	..	93

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated; and except in the case of the Workhouse and City Mental have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the Poor Law Infirmary, however, have not been distributed, as the home addresses of such persons are not obtainable.

TABLE 4.
(As required by Ministry of Health).

TUBERCULOSIS.

NOTIFICATIONS ON FORM A.

No. of Primary Notifications.

Age Periods.	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
0—1 .. ..	..	1	..	1
1—5	6	3	3	6
5—10	42	33	7	3
10—15	28	25	2	5
15—20	33	26	2	4
20—25	35	52	5	5
25—35	47	66	3	2
35—45	44	31	3	1
45—55	32	18	..	..
55—65	30	8	2	..
65 and upwards ..	11	..	1	..
Total Primary Notifications	308	263	28	27
Total Notifications on Form A.	365	294	31	29

NOTIFICATIONS ON FORM B.

Under 5 .. ..	..	..	..	1
5—10	3	8	..	1
10—15	2	3	..	..
Total Primary Notifications	5	11	..	1
Total Notifications on Form B.	5	11	1	1

NUMBER OF NOTIFICATIONS ON FORM C.

Poor Law Institutions	18	1	1	..
Sanatoria	38	39	..	..
	(261)	(241)	(18)	(21)

The total number of fresh cases notified during 1925 on Forms A. and B., excluding cases previously notified, was:—

Pulmonary	606
Non-Pulmonary	77
Total	683

TABLE 4a.

TUBERCULOSIS CASES.

Supplemental Return.

Age Periods.			Pulmonary.		Non-Pulmonary.	
			Males.	Females	Males.	Females.
0—1	..	..	..	1	1	3
1—5	..	..	..	1	6	10
5—10	..	..	..	..	5	3
10—15	..	..	1	3	2	2
15—20	..	..	..	1	2	..
20—25	..	..	4	3	..	2
25—35	..	..	5	10	..	2
35—45	..	..	7	4	3	..
45—55	..	..	4	1	2	1
55—65	..	..	5	1	4	1
65 and upwards	..	..	..	3	1	..
Total Cases	..	..	26	28	26	24

TABLE 5.

Showing Number of Deaths from Tubercular Diseases in
Leicester in past years.

Year.	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
(1)	Deaths. (2)	Rate per 100,000 Population. (3)	Deaths. (4)	Rate per 100,000 Population. (5)	Deaths. (6)	Rate per 100,000 Population. (7)
*1903	266	123	111	51	377	175
1904	353	163	96	44	449	207
1905	288	132	87	40	375	171
1906	339	154	71	32	410	187
1907	275	124	99	44	374	169
1908	287	128	104	46	391	175
1909	290	129	82	36	372	166
1910	281	124	77	34	358	158
1911	288	126	66	28	354	155
1912	284	123	89	38	373	162
1913	301	130	82	35	383	165
1914	273	117	88	37	361	155
1915	325	143	76	33	401	177
1916	306	135	67	29	373	165
1917	343	157	78	35	421	193
1918	316	145	82	37	398	182
1919	264	111	62	26	326	138
†1920	255	107	72	30	327	138
1921	278	116	73	30	351	147
1922	294	123	67	28	361	151
1923	285	118	36	15	321	133
1924	287	118	62	25	349	143
1925	305	125	59	24	364	150

* The rates for the years 1903-10 have been revised in the light of the 1911 Census.

† The rate for the year 1920 has been revised in the light of the 1921 Census.

TABLE 6.

Age and Sex Distribution of Deaths from Phthisis in 1925.

Age Period.			Males.	Females.	Total.
0—1	..	..	..	1	1
1—5	..	..	1	..	1
5—20	..	..	16	21	37
20—40	..	..	65	88	153
40—60	..	..	65	28	93
60—80	..	..	14	5	19
Over 80	..	..	..	1	1
All ages	..	..	161	144	305

Occupations of Persons Dying from Phthisis in 1925.

	M.	F.		M.	F.
SHOE TRADE :					
Finishers	12	..	Army Pensioners ..	3	..
Clickers	7	..	Boxmakers .. ..	..	..
Rivettters .. ..	..	..	Porters	2	..
Pressmen	5	..	Licensed Victuallers ..	4	..
Machinists	2	5	Shop Assistants ..	3	2
Various	18	3	Warehousemen ..	5	..
			Various	42	8
Total in Shoes ..	44	8	Occupations not stated		
			(includes Married		
*Hosiery Trades ..	13	29	Women, Widows,		
Labourers	15	..	Children and Per-		
Clerks	6	3	sons of no occupa-		
Tailoring Trade ..	1	3	tion)	14	82
Vanmen	3	..			
Soldiers	2	..	Total	170	135
Engineers	12	..			
Painters	1	..			
Dressmakers .. ..	..	..	

TABLE 7.

Showing the number of Cases notified of the principal Notifiable Diseases for the
Fifteen Years, 1911-1925.

DISEASE.	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Smallpox	0	1	0	0	0	0	0	0	0	0	0	0	5	*72
Scarlet Fever..	..	1309	548	577	332	647	573	583	579	946	714	619	576	335	774
Diphtheria	246	185	136	156	115	128	154	272	471	324	168	142	429	350
Enteric Fever	47	21	18	13	9	3	34	30	15	27	9	6	5	4
Erysipelas	143	192	258	331	154	114	101	131	127	84	101	87	96	126
Puerperal Fever	19	18	11	25	16	4	6	11	18	21	12	7	11	7
Phthisis	514	827	730	901	..	655	746	658	572	497	566	692	725	606
Other Forms of Tubercle	329	138	159	..	98	82	47	59	105	43	71	65	77
Ophthalmia	15	55	61	67	66	51	101	101	87	66	53	28	37
Cerebro-Spinal Fever	5	7	4	2	4	7	4	0	3	2	2
Acute Poliomyelitis	4	3	5	3	3	4	2	1	1	12	..
Measles	3807	4572	1686	262	(Notification discontinued.)					
Encephalitis Lethargica	9	10	6	12	22	26
Pneumonia	131	138	177	209	247	239
Chickenpox	639
Totals	2278	2581	2181	1994	4825	6222	3448	2098	2460	2013	1768	1859	1982	2959

* The figures include cases discovered by the Medical Officer of Health.

TABLE 8.

Showing the number of Deaths from Zymotic (or Germ) Diseases in the Fourteen Years
1912-1925.

DISEASE.	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Smallpox	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	96	31	73	140	98	59	1	83	7	48	21	0	43
Scarlet Fever	13	7	2	2	3	5	2	1	1	7	2	4	10
Diphtheria	21	19	27	11	18	15	30	41	28	20	9	35	34
Whooping Cough	50	11	19	38	33	34	11	23	33	25	31	18	69
Enteric Fever	7	1	2	2	2	4	3	3	2	3	2	1	1
Diarrhœa	23	105	84	34	21	15	23	21	30	16	38	62	57
Enteritis	21	49	88	43	49	26	31	48	67	42	22	19	10
Erysipelas	5	5	18	7	5	1	6	0	5	1	2	8	10
Influenza	15	19	20	18	*	†	330	15	47	80	31	39	55
Puerperal Fever	4	2	12	5	0	6	4	8	6	5	3	3	7
Cerebro-Spinal Fever	2	7	2	1	8	6	3	3	0	0	3
Acute Poliomyelitis	2	1	1	1	2	0	1	1	0	0	0
Encephalitis Lethargica	6	5	4	4	7	10
Pneumonia	225	207	224	210	218	245
Totals	255	249	347	308	162	126	451	481	442	479	375	409	554

N.B.—In calculating the Zymotic rate for 1924, all the above deaths have been included except pneumonia. Particulars of deaths from Tuberculosis are given in Tables 5 and 6.

* Epidemic year. Deaths during epidemic, June to December, 877.

† Epidemic year. Deaths during epidemic, January to April, 1,279.

TABLE 9.

Vital Statistics of whole District during 1925 and previous years. City of Leicester.

YEAR.	Population estimated to middle of each year, revised in light of 1921 Census.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	Of Non-residents registered in the District. (8)	Of Residents not registered in the District. (9)	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Net Births. (11)		
												(4)	(5)	(10)	(12)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1918	217,537	3286	3246	14.92	3981	18.30	277	179	351	108.1	3883	17.84
1919	235,847	3811	3774	15.99	3098	13.13	241	226	370	98.0	3083	13.06
1920	236,873	5934	5905	24.91	2535	10.69	173	512	528	89.4	2874	12.13
1921	237,900	5074	5097	21.42	2527	10.62	182	532	438	85.9	2877	12.09
1922	238,800	4729	4646	19.44	2675	11.19	181	544	408	87.8	3038	12.71
1923	239,700	4647	4593	19.16	2396	9.99	182	560	386	84.0	2774	11.57
1924	241,800	4466	4380	18.11	2511	10.38	218	638	346	77.4	2931	12.12
1925	242,100	4316	4197	17.33	2709	11.18	212	637	368	87.6	3134	19.90

Number of inhabited houses, July, 1925

Average number of persons per house, Census, 1921

56,175
4.28

Area of District in acres (exclusive of area covered by water)

8,582

NOTE.—This Table has been filled in in accordance with the instructions given on the form supplied by the Ministry of Health.

TABLE 10.

LEICESTER BOROUGH.

Showing estimated Population, Marriage-rates, Birth-rates, and Death-rates (General and Zymotic) per 1000 living during the last 80 years, 1846-1925.

Year. (1)	Estimated Population. (2)	Marriage Rate. (3)	Birth Rate. (4)	Death Rate. (5)	Zymotic (Death) Rate. (6)	Infant Mortality. (7)
1846	55,707	21.00	39.72	29.48	8.11	
1847	56,696	18.80	35.36	25.69	4.12	
1848	57,705	20.86	34.71	25.77	5.87	
1849	58,736	21.58	36.96	28.73	7.05	
1850	59,788	24.04	37.45	23.64	4.13	
1851	60,760	21.11	40.11	25.57	5.48	
1852	61,467	22.96	38.83	28.84	8.42	
1853	62,181	22.90	36.71	27.02	5.45	
1854	62,903	20.40	39.06	25.11	6.65	
1855	63,624	19.14	36.16	23.55	2.87	
1856	64,366	20.02	37.32	21.16	3.10	
1857	65,119	20.60	37.48	27.58	8.19	
1858	65,835	19.14	34.54	28.76	8.07	
1859	66,663	22.56	37.77	24.59	4.99	
1860	67,456	19.80	38.05	20.47	1.27	
1861	68,638	18.58	37.01	25.25	5.71	
1862	70,986	21.30	38.07	23.38	3.01	
1863	73,413	25.74	40.00	29.95	7.96	
1864	75,922	25.68	41.01	26.96	5.41	
1865	78,516	25.38	41.09	25.02	5.20	208.9
1866	81,197	24.94	42.02	23.33	3.37	205.1
1867	83,970	22.18	41.66	24.59	4.31	226.2
1868	86,837	22.62	41.32	28.15	7.88	256.6
1869	89,804	21.12	41.87	25.60	5.10	229.0
1870	92,873	21.22	40.90	27.33	7.24	235.2
1871	95,823	23.06	41.55	26.07	5.83	252.4
1872	98,251	23.90	42.36	26.95	8.23	231.3
1873	100,741	24.00	44.14	23.83	5.05	208.4
1874	103,294	20.90	42.34	24.29	3.83	222.6
1875	105,913	22.36	40.31	27.28	6.56	242.0
1876	108,599	22.64	44.02	23.58	5.26	199.9
1877	111,355	21.24	42.68	23.48	3.21	188.7
1878	114,182	19.38	41.85	21.89	4.18	205.2
1879	117,083	19.48	40.11	22.64	3.06	187.3
1880	120,659	19.60	40.04	24.73	6.48	220.1
1881	123,146	18.66	38.26	21.55	4.45	204.8
1882	116,275	19.02	38.46	20.04	3.23	194.4
1883	129,483	18.64	37.26	19.18	2.56	190.7
1884	132,773	17.3	36.5	22.1	4.2	233.5

TABLE 10—Continued.

Year. (1)	Estimated Population. (2)	Marriage Rate. (3)	Birth Rate. (4)	Death Rate. (5)	Zymotic (Death) Rate. (6)	Infant Mortality. (7)
1885	136,147	16.3	34.3	19.3	3.3	193.5
1886	139,606	17.4	34.8	19.6	2.8	216.5
1887	143,153	16.6	32.7	19.1	3.0	215.8
1888	146,790	15.4	32.7	18.1	2.4	204.7
1889	150,520	16.0	31.8	16.6	2.3	209.6
1890	154,344	16.5	30.4	17.7	2.1	203.7
*1891	†177,353	19.1	33.5	21.2	3.3	214.5
1892	180,550	16.7	32.2	18.0	2.5	197.7
1893	183,900	15.8	32.6	19.7	3.5	220.4
1894	187,250	16.7	32.0	14.5	1.9	161.9
1895	190,600	16.4	31.2	17.4	3.0	206.6
1896	194,100	17.5	32.0	16.8	2.9	185.7
1897	197,600	16.7	31.6	17.9	1.9	206.0
1898	201,250	17.7	30.5	17.2	3.4	191.1
1899	204,900	17.5	30.6	18.1	3.4	196.0
1900	208,600	17.3	29.7	17.8	3.6	174.1
1901	212,498	17.1	29.0	15.7	2.3	178.0
1902	213,974	16.3	29.5	14.8	1.5	153.3
1903	215,461	16.5	27.9	14.2	1.4	161.3
1904	216,958	17.0	27.5	15.0	2.0	161.1
1905	218,464	17.2	26.9	14.0	1.6	146.5
1906	219,980	16.1	26.6	15.1	2.4	166.2
1907	221,508	16.6	24.9	13.4	.9	130.1
1908	223,046	16.0	25.4	13.9	1.6	129.7
1909	224,595	15.7	24.1	14.0	1.3	126.6
1910	226,154	17.1	23.7	12.4	.7	126.3
1911	227,634	16.6	22.9	13.4	1.4	130.0
1912	229,294	16.3	22.5	13.5	.9	109.0
1913	230,970	16.4	22.8	13.3	.7	119.3
1914	232,664	16.7	22.1	14.1	1.1	119.9
1915	232,664	24.1	20.8	14.9	.5	122.8
1916	225,907	18.3	20.7	13.6	.8	104.8
1917	217,537	16.6	16.9	13.5	.7	105.0
1918	217,537	18.6	14.9	17.8	.5	108.1
1919	236,059	21.3	15.3	13.0	.3	98.0
1920	236,874	23.5	24.9	12.1	.8	89.4
1921	237,900	20.0	21.4	12.0	.5	85.9
1922	238,800	19.3	19.4	12.7	.5	87.8
1923	239,700	18.1	19.16	11.57	.4	84.0
1924	241,800	17.4	18.47	12.12	.7	79.0
1925	242,100	17.6	17.33	12.90	1.3	87.6

* All figures after 1891 refer to extended Borough.

† This is the population of the extended Borough. The figures in the other columns for the same year refer to the old Borough.

The figures since 1892 have been revised in the light of the census figures of the different census years—1901, 1911 and 1921. The population for the year 1920 having been considerably over-estimated has necessitated important corrections in that year.

TABLE 11. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1925.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year
All Causes Certified.	93	12	15	11	131	67	66	67	39	368
Smallpox .. ..	..	..	..	..	..	..	..	..	..	..
Chicken-pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	4	6	5	15
Spina bifida .. ..	..	..	..	..	..	1	..	..	..	1
Whooping-cough ..	..	..	..	..	..	4	11	13	4	32
Diphtheria and Croup ..	..	..	..	..	..	..	1	..	..	1
Erysipelas .. ..	..	..	..	..	..	2	..	..	..	2
Tuberculous Meningitis ..	..	..	..	..	..	..	1	1	2	4
Abdominal Tuberculosis ..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases ..	..	..	..	..	..	..	1	..	..	1
Meningitis (<i>not Tuberculous</i>)	1	..	..	..	1	..	4	..	1	6
Convulsions	4	1	1	3	9	5	3	2	..	19
Laryngitis .. ..	..	..	..	..	..	..	..	..	..	..
Bronchitis .. ..	..	..	2	2	4	8	7	2	4	25
Pneumonia (all forms) ..	1	1	1	1	4	7	14	16	10	51
Diarrhœa .. ..	..	..	..	..	..	7	2	4	1	14
Enteritis .. ..	..	..	1	..	1	11	10	12	6	40
Colitis .. ..	..	..	..	..	..	..	1	1	..	2
Gastritis .. ..	..	..	..	1	1	1	1	..	..	3
Syphilis .. ..	..	..	..	..	..	..	..	..	..	..
Rickets .. ..	..	..	..	..	..	..	1	1	..	2
Suffocation (overlying) ..	2	..	..	..	2	2	..	..	1	5
Injury at Birth	5	..	..	..	5	..	..	..	..	5
Atelectasis	2	..	..	..	2	..	..	..	..	2
Congenital Malformations ..	4	..	..	..	4	1	1	..	..	6
Premature Birth	47	8	4	3	62	6	..	..	..	68
Atrophy, Debility and Marasmus	15	1	3	1	20	11	1	2	1	35
Other Causes	12	1	3	..	16	1	3	6	2	28

Nett Births in the Year { legitimate, 3,999.
 { illegitimate, 198.

Nett Deaths in the Year of { legitimate infants, 340.
 { illegitimate infants, 28.

TABLE 12.

VENEREAL DISEASE.

Form V.D. (R.), as required by Ministry of Health.

Return relating to all persons who were treated at the Treatment Centre at Leicester Royal Infirmary during the year ended the 31st December, 1925.

	Syphilis.		Gonorrhœa.		Conditions other than Venereal.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Number of cases which—								
(a) at the beginning of the year under report were under treatment or observation for ..	375	371	510	35	8	7	893	413
(b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection	2	6	2	3	..	..	4	9
TOTAL—Items 1 (a) and 1 (b)	377	377	512	38	8	7	897	422
2 (a). Number of cases dealt with at the Treatment Centre during the year for the first time	106	126	286	115	9	15	401	256
TOTAL—Items 1 (a), 1 (b) and 2 (a)	483	503	798	153	17	22	1298	678
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	2	..	6	..	..	..	8	..

3. Number of cases which ceased to attend— (a) before completing the first course of treatment for (b) after one or more courses but before completion of treatment for (c) after completion of treatment, but before final tests as to cure of	19	38	41	23	..	..	60	61
4. Number of cases transferred to other Treatment Centres after treatment for	175	170	429	38	..	..	604	208
5. Number of cases discharged after completion of treatment and observation for	1	7	9	8	..	..	19	15
6. Number of cases which, at the end of the year under re- port, were under treatment or observation for ..	207	192	163	60	6	5	376	257
TOTAL—Items 3, 4, 5, and 6	483	503	798	153	17	22	1298	678
7. Out-patient attendances— (a) For individual attention by the Medical Officer .. (b) For intermediate treatment, <i>e.g.</i> , irrigation, dress- ings, &c.	4001	3143	4681	1690	9	21	8691	4854
TOTAL ATTENDANCES	214	63	3988	836	..	..	4202	899
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from ..	4215	3206	8669	2526	9	21	12893	5753
9. Examinations of Pathological material— (a) Specimens which were examined at, and by the Medical Officer, of the Treatment Centre .. (b) Specimens from persons attending at the Treat- ment Centre which were sent for examination to an approved laboratory	348	1417	870	1366	45	35	1263	2818
	46		2735		142		2633	

For detection of

Spirochetes.	Gonococci.	Other Organisms.	For Wassermann Reaction.
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As suggested by Dr. Quine, Ministry Inspector, all cases not having attended for 6 months have been included in Item 3 (c).

* These cases, after Clinical and Pathological tests, proved to be non-venereal.

TABLE 12a.

VENEREAL DISEASE.

Form V.D. (R.), as required by Ministry of Health.

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

	Leicester.	Leicester-shire.	Northamptonshire.	Rutland.	Total.
A. Number of cases from each area dealt with during the year for the first time and found to be suffering from :—					
Syphilis	133	48	1	..	182
Soft Chancre .. .. .	..	..	..	..	..
Gonorrhœa	283	70	1	..	354
Conditions other than Venereal	92	23	6	..	121
Total	508	141	8	..	657
B. Total number of attendances of all patients residing in each area	15584	3038	24	..	18646
C. Aggregate number of " In-patient days " of all patients residing in each area	2489	1533	28	31	4081
D. Number of doses of arsenobenzol compounds given in the :—					
1. Out-patient Clinic	2355	853	8	..	3216
2. In-patient Department	16	12	..	..	28
to patients residing in each area.					

TABLE 13. VENEREAL DISEASE CLINICS AT ROYAL INFIRMARY.
NEW CASES AND RENEWED ATTENDANCES.
(City Cases only.)

YEAR.	NEW PATIENTS.			RENEWED ATTENDANCES.		
	MALES.		FEMALES.	MALES.		FEMALES.
	SYPH.	GON.		SYPH.	GON.	
*1917	101	138	79	696	1285	413
1918	125	184	166	1313	2759	1058
1919	218	374	184	1934	4319	1741
1920	205	250	181	3426	5360	2081
1921	168	198	208	3707	4423	3030
1922	148	179	149	3725	4026	2456
1923	111	198	123	3465	4859	2948
1924	93	166	119	3595	5528	2516
1925	66	202	72	3446	7228	2245

*Nine Months only.

TABLE 15.

CANCER.

Age and Sex Distribution of Deaths from Cancer, 1925.

Age Period.				Males.	Females.	Total.
Under 20	..	..	..	1	—	1
20 to 40	..	..	..	2	12	14
40 to 60	..	..	..	35	72	107
60 to 80	..	..	..	98	83	181
Over 80	..	..	..	5	10	15
				141	177	318

Situation of Cancer.

M.				F.	M.				F.
Oesophagus	..	11	4	Breast	..	..	1	39	
Liver	..	..	12	7	Uterus	..	..	—	27
Stomach	..	26	24	Ovaries	..	..	—	5	
Pancreas	..	..	2	3	Laryngeal	..	12	2	
Rectum	..	..	20	8	Bladder	..	..	7	6
Intestines	..	—	3	Other Cancer	..	46	49		
Prostate	..	..	4	—					
				Total	..	141	177		

TABLE 16.
List of Registered Midwives practising in Leicester,
January 1st, 1926.

Name.	Reg. No.	Address.
*Adcock, Hannah	.. 32,385	.. 233 Mere Road.
*Allcock, Winifred	.. 63,759	.. 1 Spence Street.
*Bamber, Mabel Elizabeth	.. 42,983	.. 66 Moira Street.
†Blyth, Eliza	.. 2,760	.. 13 Fairfield Street.
*Cluley, Letitia	.. 39,957	.. 97 Princess Road.
†*Coe, Lizzie A.	.. 23,568	.. 117 Wand Street.
§*Conlon, Elizabeth	.. 67,186	.. 11 Hastings Road.
*Dawkins, Jemima	.. 36,754	.. 1 Pool Road.
†*Dodson, Sarah E.	.. 66,243	.. 21 The Fairway, Saffron L'e.
*Drummond, H. B.	.. 66,251	.. 502 Aylestone Road.
*East, Florrie	.. 50,887	.. 11 New Bridge Street.
†*Eyre, Blanch G.	.. 67,246	.. 14 Lincoln Street.
§*Fraser, Catherine	.. 56,831	.. 189 Fosse Road South.
*Gardner, Gertrude	.. 45,160	.. 3 Elmfield Avenue.
Gawthorne, Fanny	.. 30,974	.. 45 Aylestone Road.
§*Harding, Laura	.. 60,388	.. 83 Hartopp Road.
†*Harratt, Sarah	.. 33,745	.. Oliver Road, Gipsy Lane.
†*Hill, Matilda	.. 28,009	.. 37 Denmark Road.
†*Hill, Dorothy	.. 50,344	.. 37 Denmark Road.
†*Hicks, Louisa S.	.. 37,583	.. 151 Dunton Street.
Howsam, Miriam	.. 5,223	.. 90 Sylvan Street.
†*Hunt, A. A.	.. 25,486	.. 166 Charnwood Street.
*Hutchins, Ada	.. 33,774	.. 26 Melton Road.
†*Ingham, Adelaide	.. 41,739	.. 238 Belgrave Gate.
†*Johnson, Jessie	.. 59,434	.. 33 Severn Street.
*Laughton, Annie	.. 11,389	.. 236 Clarendon Park Road.
*Ledger, Sarah E. M.	.. 51,258	.. 7 Willow Street.
March, Charlotte	.. 1,039	.. 180 Grasmere Street.
§*Martin, Rose	.. 67,874	.. 54 Earl Russell Street.
†*McCaull, J.	.. 49,841	.. 10 Shaftesbury Road.
†*Noon, Lucy A.	.. 30,688	.. 1 Spence Street.
†*Pateman, Clara	.. 67,428	.. 20 Warwick Street.
Payne, Lilian Emily	.. 43,317	.. 7 Gipsy Road.
†*Pilsworth, Maria	.. 36,784	.. 52 St. Nicholas Street.
†*Potter, Frances A.	.. 49,911	.. 10 Shaftesbury Road.
*Proctor, L. E.	.. 55,508	.. 40 Park Hill Drive.
*Reeve, Ida	.. 67,959	.. 51 Latimer Street.
*Simister, Edith E. K.	.. 28,446	.. 36 Wood Hill.
†*Smith, Mary	.. 55,034	.. 44 Stuart Street.
*Starmer, Emma	.. 58,618	.. 7 Warwick Street.
†*Whinnett, Annie	.. 54,561	.. 40 Mill Hill.
*Wright, Catherine A.	.. 24,962	.. 193 Narborough Road.

Total .. 42.

* Holds Certificate of Central Midwives' Board.

† Holds Certificate of London Obstetrical Society.

‡ Trained at Maternity Hospital, Causeway Lane.

§ Trained at Municipal Maternity Home.

TABLE 17.

MATERNITY HOME, WESTCOTES DRIVE.

Clinical Return called for by the Ministry of
Health for the year 1925.

1. Number of cases in the Home on January 1st ..	25
2. Number of cases admitted during the year ..	438
3. Average duration of stay	14 days
4. Number of cases delivered by—	
(a) Midwives	353
(b) Doctors	76
5. Number of cases in which medical assistance was sought by the midwife with reasons for requiring assistance :—	
(a) Ante-natal.—Albuminuria, 9 ; A.P.H., 3 ..	12
(b) During labour.—Prolonged second stage, 18 ; malpresentation, 6 ; rigid perineum, 3 ; adher- ent placenta, 4 ; P.P.H., 2 ; contracted pelvis, 1	34
(c) Ruptured perineum, 14 ; P.P. eclampsia, 1 ; puerperal mania, 2 ; phlebitis, 1 ; cellulitis of leg, 1 ; abscess on breast, 1	20
(d) Pemphigus, 1 ; sp. bifida, 1 ; talipes, 1 ; pre- maturity, 2 ; debility, 7	12
6. Number of cases notified as puerperal sepsis with result of treatment in each case	None
7. Number of cases in which temperature rose above 100.4 for 24 hours with rise of pulse rate ..	8
8. Number of cases of pemphigus neonatorum ..	1

TABLE 17—Continued.

9.	Number of cases notified as ophthalmia neonatorum with result of treatment in each case	None
10.	Number of cases of "inflammation of the eyes," however slight	2
11.	Number of infants not entirely breast-fed while in the institution with reasons why they are not breast-fed :— Mothers, T.B., 1 ; suffering from puerperal mania, 2 ; insufficient secretion, 16 ; prematurity of infant, 3	22
12.	Number of maternal deaths with causes :— Acute nephritis P.P.H.	1
13.	Number of foetal deaths (a) stillborn, or (b) within 10 days of birth, and their causes—and the results of the postmortem examination if obtainable :— (a) Stillborn (b) Pemphigus, 1 ; congen. heart disease, 1 ; premature birth, 4 ; atelectasis, 1	6 7

TABLE 18.

City of Leicester.

MATERNITY HOME, WESTCOTES DRIVE.

Receipts and Payments during two years ending 31st March, 1926.

	Year 1924-25.			Year 1925-26.		
PAYMENTS.						
	£	s.	d.	£	s.	d.
Salaries and Wages	675	11	9	695	1	10
Medical Requisites	156	14	1	216	0	7
Meat and Provisions	1047	16	10	1213	13	1
Clothing, Household Linen, &c. ..	140	7	10	178	17	0
Kitchen Utensils, &c.	16	3	11	39	1	6
Fuel, Light, Rates, &c.	553	13	7	553	1	7
Repairs and Painting	586	12	11	463	2	5
Printing, Stationery, Telephone and Sundries	134	5	4	151	19	4
Lecture Fees, &c.	73	0	0	64	19	0
Grounds—Labour, &c.	245	10	8	184	1	0
Laundry and Cleaning Materials ..	227	14	5	343	12	11
Total Payments	£3857	11	4	£4103	10	3
RECEIPTS.						
Fees for Maintenance and Treatment ..	2194	8	6	2221	5	6
Training Fees (Pupil Midwives) ..	225	10	0	39	0	0
Rent of Paddock, Garages and Cottage ..	110	17	6	139	6	6
Miscellaneous	3	14	1	2	11	4
Total Receipts	£2534	10	1	£2402	3	4
Net Cost (excluding Loan Charges) ..	£1323	1	3	£1701	6	11

26th April, 1926.

ALFRED RILEY,
City Treasurer.

TABLE 19.

City of Leicester.

ST. MARTIN'S DAY NURSERY.

Receipts and Payments during Two Years ending March 31st, 1926.

PAYMENTS.				Year 1924-25.			Year 1925-26.		
				£	s.	d.	£	s.	d.
Salaries and Wages	..	..	..	671	8	1	639	7	11
Insurance	..	..	..	22	12	4	23	0	9
Rent and Rates	..	..	..	283	16	0	288	7	4
Fuel, Light, Water and Cleaning	..	..	..	221	1	10	186	3	7
Furniture and Equipment	..	..	..	48	16	3	68	4	6
Repairs	..	..	..	93	1	2	58	2	5
Drugs and Medical Appliances	..	..	..	14	9	1	9	7	10
Meat and Provisions	..	..	..	672	14	10	662	0	11
Laundry	..	..	..	119	19	10	130	5	4
Printing, Stationery and Stamps	..	..	..	8	19	0	6	6	5
Uniforms and Clothing	..	..	..	67	16	3	77	19	0
Sundries	..	..	..	26	1	8	38	2	2
				£2,250 16 4			£2,187 8 2		
RECEIPTS.									
Receipts for maintenance of children				998	16	11	767	13	4
Contribution from Education Committee (Mothercraft)	..	..	..	150	0	0	150	0	0
Meals of Schoolgirls (Mothercraft)	..	..	..	72	5	6	72	6	6
Sundries	..	..	..	1	4	0	5	7	4
				£1,222 6 5			£995 7 2		
Net cost	..	..	..	£1,028	9	11	£1,192	1	0

26th April, 1926.

ALFRED RILEY,
City Treasurer.

TABLE 20.

City of Leicester.

INFANTS' MILK DEPOT.

Receipts and Payments during Two Years ending
31st March, 1926.

				Year 1924-25.			Year 1925-26.		
PAYMENTS.				£	s.	d.	£	s.	d.
Wages .. .. .	..	..	..	352	2	1	363	7	11
Purchase of Milk .. .. .	..	..	..	3,139	2	1	2,733	9	10
Medical Requisites .. .. .	..	..	..	68	17	7	72	14	5
Rent, Rates, Insurance and Income Tax .. .. .	..	..	..	126	5	2	95	17	3
Fuel, Light and Water .. .. .	..	..	..	27	6	7	35	12	7
Telephone .. .. .	..	..	..	9	16	4	6	16	9
Printing, Stationery and Sundries .. .. .	..	..	..	81	19	0	33	5	1
Cleaning and Painting .. .. .	..	..	..	32	9	10	41	5	10
Total Payments				£3,837	18	8	£3,382	9	8
RECEIPTS.									
Sale of Milk, &c. .. .. .	..	..	..	£3,964	19	5	£3,413	16	7
Net Surplus				£127	0	9	£31	6	11

26th April, 1926.

ALFRED RILEY,
City Treasurer.

TABLE 21.

Monthly Rainfall and mean Temperature during 1925,
as recorded at the City Mental Hospital.

Figures supplied by Dr. J. Francis Dixon.

MONTH.				Rainfall in inches.	Mean Temperature Fahr.
January	..	..	..	1.55	38.82
February	..	..	..	2.38	40.09
March	..	..	..	0.89	39.24
April	..	..	..	1.48	44.1
May	..	..	..	4.75	52.37
June	..	..	..	0.06	57.53
July	..	..	..	2.02	62.21
August	..	..	..	1.69	59.3
September	..	..	..	2.37	51.75
October	..	..	..	2.71	48.74
November	..	..	..	1.50	36.68
December	..	..	..	1.66	35.24

Total rainfall in 1925 23.06 inches.

No. of days on which rain fell (.01 inches or more) .. 175

Rainfall in previous years.

				Inches of rain	No. of days on which rain fell
1924	..	..	..	28.49	.. 198
1923	..	..	..	25.03	.. 201
1922	..	..	..	29.23	.. 187
1921	..	..	..	19.03	.. 136
1920	..	..	..	25.10	.. 192
1919	..	..	..	30.98	.. 191
1918	..	..	..	24.52	.. 190

TABLE 22.

Showing Births, Vaccinations and Smallpox in Leicester, 1838-1925.

Year	Births	Vaccina- tions Regist'd Public and Pvt.	Small- pox Deaths	Small- pox Cases	Year	Births	Vaccina- tions Regist'd Public and Pvt.	Exemp- tions Granted	Small- pox Deaths	Small- pox Cases
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
		Not								
1838	1815	known	11	..	1881	4712	3117	..	2	6
1839	2021	..	50	..	1882	4857	3106	..	5	29
1840	1967	..	56	..	1883	4825	1958	..	3	12
1841	1972	..	31	..	1884	4851	1763	..	..	6
1842	1912	..	..	..	1885	4683	1812	..	..	8
1843	2035	..	..	..	1886	4863	1122	..	..	1
1844	2087	..	9	..	1887	4695	471	..	..	10
1845	2197	..	164	..	1888	4814	314	..	..	22
1846	2213	..	12	..	1889	4796	172	..	..	..
1847	2005	..	1	..	1890	4699	131	..	..	..
1848	2003	..	31	..	1891	4790	92	..	..	..
1849	2171	1613	66	..	1892	5816	133	..	6	38
1850	2239	1240	5	..	1893	6006	249	..	15	320
1851	2437	1292	2	..	1894	5995	133	..	..	8
1852	2387	1637	52	..	1895	5962	75	..	..	4
1853	2283	1843	11	..	1896	6212	86	..	..	..
1854	2467	2275	..	..	1897	6252	81	..	..	..
1855	2301	1771	..	..	1898	6152	92	..	..	..
1856	2402	1771	1	..	1899	6273	156	167	..	..
1857	2441	1880	17	..	1900	6207	343	598	..	..
1858	2276	2026	53	..	1901	6169	357	500	..	4
1859	2518	1447	3	..	1902	6313	1237	1500	5	18
1860	2567	1766	2	..	1903	6018	2487	1029	21	406
1861	2540	1614	1	..	1904	5981	1232	1044	4	307
1862	2723	1388	..	..	1905	5888	987	1112	..	5
1863	2937	1608	5	..	1906	5865	1073	1080	..	1
1864	3114	1916	104	..	1907	5534	1093	1256	..	..
1865	3226	1183	10	..	1908	5680	659	2401	..	..
1866	3412	1641	3	..	1909	5431	660	2367	..	..
1867	3496	1544	2	..	1910	5380	564	2335	..	..
1868	3588	3379	1	..	1911	5222	475	2964	..	..
1869	3760	3560	..	..	1912	5182	447	3173	..	..
1870	3799	3103	..	..	1913	5278	436	3391	..	1
				Not	1914	5144	293	3438	..	..
1871	3982	3230	12	known	1915	4851	192	3812	..	..
1872	4162	4456	346	..	1916	4684	222	3931	..	..
1873	4447	3692	2	..	1917	3688	193	3287	..	..
1874	4374	3764	..	..	1918	3246	146	2724	..	..
1875	4270	3527	1	1	1919	3774	154	2954	..	..
1876	4781	3426	..	..	1920	5905	201	5364	..	..
1877	4753	3653	6	12	1921	5907	234	4662	..	..
1878	4779	3372	1	8	1922	4646	173	4286	..	..
1879	4697	3146	..	..	1923	4593	284	4109	..	..
1880	4860	2886	..	1	1924	4468	260	4062	..	5
					1925	4197	283	3908	..	72

The figures in this Table prior to the year 1890 are taken from the Fourth Report of the Royal Commission on Vaccination, App. 3, Tables 5, 6 and 51. They were prepared and handed to the Royal Commission by Mr. J. T. Biggs.

In 1863-64, owing to the Smallpox epidemic which prevailed, there were 4,320 additional public vaccinations performed by the Medical Officers to the Guardians. These were chiefly vaccinations of children omitted in previous years. They are not included in the figures for the two years in question.

TABLE 23.
Vital Statistics of the 38 Large Towns (excluding London
and residential towns round London) with populations of
over 100,000, 1925.

TOWN.			Population.	Birth Rate.	Death Rate	Infant Mortality.
*Brighton	..	..	137,500	16.8	12.8	54
Portsmouth	..	..	232,000	19.0	12.3	61
*Southampton	..	..	167,300	19.4	11.6	58
*Norwich	..	..	123,900	18.1	12.0	56
*Plymouth	..	..	192,900	19.0	12.3	64
Bristol	..	..	386,200	17.3	13.3	76
Stoke-on-Trent	..	..	278,000	22.9	13.5	106
*Wolverhampton	..	..	108,200	20.3	12.1	85
*Walsall	..	..	101,500	22.1	13.3	114
Birmingham	..	..	946,980	18.7	11.7	78
*Coventry	..	..	129,100	17.5	10.8	75
Nottingham	..	..	270,300	19.1	13.7	96
*Derby	..	..	133,700	18.7	11.7	74
*Stockport	..	..	126,000	16.4	13.5	91
*Birkenhead	..	..	154,100	20.7	11.5	90
Liverpool	..	..	851,800	23.3	14.1	99
*St. Helens	..	..	108,700	23.6	11.7	101
*Bolton	..	..	181,100	16.1	13.3	86
*Manchester	..	..	755,000	19.4	14.1	92
Salford	..	..	243,700	18.8	13.9	105
*Oldham	..	..	147,300	15.3	14.6	100
*Burnley	..	..	103,400	16.1	14.0	108
*Blackburn	..	..	127,600	15.3	13.6	92
*Preston	..	..	123,100	18.1	14.2	129
*Huddersfield	..	..	112,000	14.8	13.0	68
Bradford	..	..	290,200	16.6	14.0	96
Leeds	..	..	471,600	17.3	12.1	91
Sheffield	..	..	525,000	17.6	11.5	85
Hull ..	..	..	296,800	21.8	12.9	89
Middlesbrough	..	..	136,300	25.7	15.6	97
*Sunderland	..	..	165,100	25.2	15.2	116
*South Shields	..	..	126,600	23.6	13.5	113
Gateshead	..	..	128,700	24.4	14.0	108
Newcastle-on-Tyne	..	..	285,900	21.6	13.6	88
Cardiff	..	..	226,200	20.5	12.8	92
*Rhondda	..	..	167,900	21.7	11.6	96
*Swansea	..	..	162,700	20.5	11.2	68
Average	..	..	—	19.5	12.9	89
LEICESTER	..	..	241,800	17.3	12.9	87

* Provisional figures only. From Registrar-General's Return No. 308.

TABLE 24.

ALTITUDE ABOVE SEA LEVEL AT DIFFERENT POINTS
IN THE CITY OF LEICESTER.

	Feet above sea level.
North Evington Infirmary (just outside City Boundary)	330
Victoria Park	293
University College	286
Gilroes Cemetery	285
Western Park	271
Braunstone Park	267
Spinney Hill Park	264
Welford Road Cemetery	258
Isolation Hospital, Groby Road	258
Mental Hospital	244
Park Estate Building Site (Saffron Lane) ..	220-250
Abbey Park	175
Belgrave	165

The above levels are taken from "spot" levels written in Ordnance Survey Plans. Data supplied by City Surveyor.

TABLE 25. City of Leicester.
MILK AND CREAM REGULATIONS.
1925.

Creams taken and examined for preservatives 7			
Samples sold without proper labels 4			
Samples not found to be as declared on label 1			
No. 783.- Contained peroxide of hydrogen as a preservative, but, as usual, undergone change and very little was detected.			
Inspections made <i>re</i> Regulations 4			
No. of Sample.	Date.	How Sold.	Contraventions:
785	23rd Nov., 1925	In jug handed by Inspector to seller	Yes, two. (a) and (b). (a) White enamel bowl in Dairy office from which cream was served, had no declaratory label on it. (b) Jug containing the preserved cream on completion of purchase handed to Inspector without a declaratory label.
786	23rd Nov., 1925	do.	Yes, one. (a) Jug containing the preserved cream on completion of purchase handed to Inspector without a declaratory label. The tin from which the preserved cream was served <i>had</i> a declaratory label on it.
787	23rd Nov., 1925	do.	Yes, two. (a) and (b). (a) White enamel pail from which the preserved cream was served had no declaratory label on it. (b) The adhesive label fixed on jug before completion of purchase was not in accordance with the Regulations. This label was printed in red letters on white background and stated "This cream contains a small percentage of Boric Preservative in order to retain its sweetness. Fresh cream without preservative is recommended for children and invalids."
788	23rd Nov., 1925	In waxed cardboard carton	Yes, one. The carton in which the preserved cream was sold had no declaratory label on it. The gallon tin from which the preserved cream was sold was properly labelled.

TABLE 26.

LOCAL ACTS AND ORDERS RELATING TO
PUBLIC HEALTH.

- The Leicester Improvement Acts, 1846, 1874, 1876, and 1881.
 The Leicester Cemetery Acts, 1848 and 1860.
 The Leicester Sewerage Act, 1851.
 The Leicester Linnatic Asylum and Improvement Act, 1865.
 The Leicester Cattle Market, Town Hall and Improvement Act, 1866.
 The Leicester Improvement Drainage and Markets Act, 1868.
 The Leicester Corporation Gas and Water Transfer Act, 1878.
 The Leicester Corporation Acts, 1879, 1884, 1897, 1902, 1908, 1913, 1921, and 1925.
 The Leicester Corporation Waterworks Acts, 1847 to 1890, and parts of the Derwent Valley Water Acts, 1899 to 1920.
 The Electric Lighting Order, 1890.
 The Leicester Extension Act, 1891.
 Provisional Order, 1891, for altering the Leicester Improvement Drainage and Markets Act, 1868.
 The Leicester Orders, 1894, 1896, and 1900.

BYE-LAWS AND REGULATIONS IN FORCE IN THE
CITY RELATING TO PUBLIC HEALTH.

Subject.	Date when made by the City Council.		
Lodging Houses	19th September, 1849.
Ditto	14th May, 1859.
Slaughterhouses and Nuisances	24th May, 1859.
Nuisances in Baths	17th May, 1870.
Regulations with respect to Dairies, Cowsheds and Milkshops, &c.	23rd February, 1892.
Water Closets	17th March, 1897.
Offensive Trades	27th March, 1906.
Houses Let in Lodgings	30th April, 1912.
Slaughtering of Animals	30th September, 1924.

TABLE 26 Continued.

ADOPTIVE ACTS IN FORCE WITHIN THE CITY OF
LEICESTER RELATING TO PUBLIC HEALTH.

Act.	Date of Adoption.
The Baths and Washhouses Acts ..	27th October, 1894.
The Public Health Acts Amendment Act, 1890 (except Parts IV. and V.) ..	6th January, 1891.
Part V.	2nd September, 1924.
The Infectious Diseases (Prevention) Act, 1890	6th January, 1891.
Part III. of Housing of Working Classes Act, 1890	25th May, 1897.
The Public Health Acts Amendment Act, 1907 :—	
ss. 78 (omitting paragraph (b)), 80, 81 (modified by the omis- sion of the words " any place of public resort or recreation ground belonging to or under the control of the Local Authority and "), 83, 84, 85, 86, and Part VIII. ..	Home Office Order, 30th November, 1909.
ss. 18, 21, 22, 25, 26, 27, 31, 33, 34, 36, 37, 38, 43, 45, 46, 49, 50, 51, 55, 56, 57, 58, 60, 61, 62, 64, 66, 68, Part VI., ss. 93, 94	Local Government Board Order, 14th June, 1910.

TABLE 27.

City of Leicester.

CENSUS RETURN, 1921.

TOTAL POPULATION.

		Ages, 0—11.	Ages, 12+	Total.
Males	..	23,439	84,606	108,045
Females	..	23,249	102,849	126,098
Total	..	46,688	187,455	234,143

MARITAL CONDITION OF POPULATION.

				Males.	Females.
Single	..	..	..	31,147	42,576
Married	..	..	..	49,374	50,088
Widowed (or divorced)	..	..	..	4,085	10,185
Total	..	..	..	84,606	102,849

INDUSTRIAL STATUS.

				Males.	Females.
Employers	..	..	..	3,311	274
Employees	..	..	..	67,822	46,821
Workers on own account	..	..	..	4,649	2,048
Retired	..	..	..	1,646	592

TABLE 27a

CITY OF LEICESTER, CENSUS RETURN, 1921.

Principal OCCUPATIONS OF PERSONS OVER 12 YEARS
(excluding Employers, Managers and Foremen), Classified
according to Industries.

Code No.	Occupation.	Males.	Females.
II.	Agricultural occupations ..	1,174	..
VII.	Metal workers ..	9,521	..
IX.	Electrical apparatus ..	690	..
XI.	Workers in skins, leather goods makers ..	517	..
XII.	Textile workers ..	5,498	14,875
XIII.	Makers of textile goods and articles of dress ..	15,479	13,667
XIV.	Makers of foods, drinks, and tobacco ..	1,136	758
XV.	Workers in wood and furniture	2,974	105
XVI.	Paper workers, printers, &c.	1,819	1,305
XVII.	Builders, bricklayers, &c. ..	2,737	..
XVIII.	Painters and decorators ..	1,220	..
XXII.	Transport workers ..	7,112	457
XXIII.	Commercial and financial occupations ..	8,210	2,767
XXIV.	Public administration and defence ..	1,324	236
XXV.	Professional occupations ..	1,468	1,748
XXVII.	Persons employed in personal service ..	1,832	5,878
XXVIII.	Clerks, draughtsmen, typists, &c. ..	3,158	3,580
XXIX.	Warehousemen, packers, &c.	3,511	2,380
	All other occupations ..	6,402	1,380
		75,782	49,143
	Unoccupied, including retired	8,824	53,706
	Total occupied and unoccupied ..	84,606	102,849

TABLE 27b.

SPECIFIED OCCUPATIONS: MALES.

(These are included in the figures in Table 27.)

Gardeners and their labourers	..	..	..	721
Fitters	..	..	..	1,798
Tailors	..	..	..	519
Boot, shoe and clog makers	..	..	..	11,206
Makers of foods	..	..	..	815
Makers of drinks	..	..	..	255
Carpenters	..	..	..	1,108
Printers, bookbinders, &c.	..	..	..	1,593
Bricklayers and masons	..	..	..	627
Railway workers	..	..	..	1,869
Road transport workers	..	..	..	3,615
Messengers and porters	..	..	..	1,040
Proprietors, &c., of dealing businesses	..	..	..	3,269
Commercial travellers and canvassers	..	..	..	1,067
Salesmen, shop assistants, &c.	..	..	..	2,505
Insurance officials, agents, &c.	..	..	..	396
Teachers	..	..	..	412
Innkeepers, barmen, &c.	..	..	..	506
General or undefined labourers	..	..	..	2,200

SPECIFIED OCCUPATIONS: FEMALES.

(These are included in the figures in Table 27.)

Makers of bricks, pottery, glass	..	..	..	19
Metal workers	..	..	..	335
Workers in skins, leather goods makers	..	..	..	93
Tailoresses	..	..	..	1,258
Dress and blouse makers	..	..	..	663
Embroiderers, milliners, &c.	..	..	..	3,603
Printers, bookbinders, &c.	..	..	..	552
Telegraph and telephone operators	..	..	..	124
Proprietors, &c., of dealing businesses	..	..	..	1,057
Shop assistants, &c.	..	..	..	1,583
Midwives, nurses, &c.	..	..	..	559
Teachers	..	..	..	1,043
Domestic servants	..	..	..	3,547
Lodging-house keepers	..	..	..	487
Innkeepers, barmaids	..	..	..	223
Waitresses	..	..	..	176
Laundry workers	..	..	..	319
Charwomen	..	..	..	834

TABLE 28.
DEATHS DURING 1925, CLASSIFIED ACCORDING
TO DISEASE AND AGE-PERIOD.*

	0 to 1.		Under 5.		All Ages.	
	M.	F.	M.	F.	M.	F.
CLASS I.						
SPECIFIC FEBRILE OR ZYMOTIC DISEASES.						
Miasmatic Diseases.						
Measles	8	4	26	16	26	17
Scarlet Fever.. ..	1	..	3	4	5	5
Diphtheria .. ..	..	1	10	9	19	15
Whooping Cough	17	15	32	36	32	37
Encephalitis Lethargica .. ..	..	..	..	..	8	2
Enteric or Typhoid Fever .. ..	..	..	..	..	..	1
Acute Poliomyelitis .. ..	..	..	..	..	..	..
Cerebro Spinal Fever	2	..	2	..	3	..
Influenza	1	..	2	1	27	28
Malaria .. ..	..	..	..	..	..	..
Diarrhœal Diseases.						
Diarrhœa	26	19	32	22	32	25
Venereal Diseases.						
Syphilis .. ..	..	..	..	..	2	1
Septic Diseases.						
Erysipelas	1	1	1	1	6	4
Pyæmia, Septicæmia .. ..	..	..	..	..	5	6
Puerperal Fever .. ..	..	..	..	..	..	7
	56	40	108	89	165	148
CLASS II.						
PARASITIC DISEASES.						

CLASS III.						
DIETIC DISEASES.						
Purpura and Scurvy .. ..	..	..	..	..	..	..
Alcoholism { a Del. Tremens .. ..	..	..	..	..	1	..
{ b Intemperance .. ..	..	..	..	..	1	1
	..	..	..	..	2	1
CLASS IV.						
CONSTITUTIONAL DISEASES.						
Rheumatic Fever .. ..	..	..	..	..	1	2
Rheumatism .. ..	..	..	..	..	2	3

*All deaths are classified in the office according to age-periods (5-20, 20-40, 40-60 or upwards) but these periods are omitted in printing.

DEATHS continued.

	0 to 1.		Under 5		All Ages.	
	M.	F.	M.	F.	M.	F.
Gout .. .. .	..	..	..	..	..	..
Cancer, Malignant Disease ..	..	..	..	..	141	177
Rickets	2	..	2	..	2	..
Tabes Mesenterica .. .. .	..	..	..	..	2	2
Phthisis .. .. .	..	1	1	1	161	144
Hydrocephalus and Tubercular Meningitis .. .. .	..	4	7	13	19	21
Other forms of Tuberculosis ..	1	..	2	..	12	3
Anæmia, Chlorosis, Leucocy- thæmia .. .. .	..	..	..	..	6	7
Diabetes .. .. .	..	..	..	..	10	17
Other Constitutional Diseases ..	1	..	2	..	4	3
	4	5	14	14	360	379
CLASS V.						
LOCAL DISEASES.						
1.—Diseases of Nervous System.						
Inflammation of Brain or Membranes	2	3	4	3	13	14
Apoplexy, Softening of Brain, Paralysis .. .. .	..	..	..	..	84	103
Insanity, General Paralysis of Insane	1	..	1	..	12	5
Chorea .. .. .	..	..	..	..	..	..
Epilepsy .. .. .	..	..	2	..	2	8
Convulsions	13	6	15	7	15	8
Disease of Spinal Cord, Paraplegia, Paralysis Agitans .. .. .	..	1	..	1	11	14
Other Diseases of Nervous System ..	..	1	..	1	1	3
Laryngismus Stridulus .. .. .	..	..	..	..	..	..
2.—Diseases of Organs of Circulation.						
Pericarditis and Endocarditis ..	..	..	..	..	4	11
Heart Disease	6	3	7	4	160	200
Aneurism .. .. .	..	..	..	..	..	..
Embolism, Thrombosis .. .. .	..	..	..	..	10	16
Other Diseases of Blood Vessels ..	1	..	1	..	57	28
3.—Diseases of Respiratory Organs.						
Laryngitis .. .. .	..	..	..	..	2	..
Bronchitis	13	12	17	14	110	145
Pleurisy .. .. .	..	..	..	..	2	2
Pneumonia	30	21	56	46	142	103
Asthma and Emphysema .. .. .	..	..	..	..	7	2
Croup .. .. .	..	..	..	..	..	..
Other Diseases of Respiratory Organs .. .. .	..	..	..	..	2	4
4.—Diseases of Digestive Organs.						
Gastritis	2	..	2	..	2	2
Other Diseases of Stomach .. .. .	..	..	..	..	15	8
Enteritis	5	6	6	6	9	7
Peritonitis .. .. .	..	..	..	..	2	5
Ascites .. .. .	..	..	..	..	..	..
Obstructive Diseases of Intestines ..	1	..	2	1	14	12

DEATHS—continued.

				0 to 1.		Under 5.		All Ages.	
				M.	F.	M.	F.	M.	F.
Fistula .. ..	..	..	..	..	..	..	..	..	..
Pancreas Disease, &c. ..	..	..	..	..	..	..	..	..	1
Cirrhosis of Liver ..	..	..	..	1	..	1	..	4	3
Jaundice, and other Diseases of Liver .. ..	..	..	..	1	..	1	..	5	1
5.—Diseases of Urinary Organs.									
Nephritis .. ..	..	..	..	..	..	..	..	38	29
Bright's Disease (Albuminuria) ..	..	..	..	..	..	..	..	1	2
Diseases of Bladder or Prostate ..	..	..	..	..	..	..	..	12	2
Calculus (Stone) .. ..	..	..	..	..	..	..	..	7	8
Other Diseases of Urinary System ..	..	..	..	..	..	..	..	12	9
6.—Diseases of Reproductive System.									
<i>(a) Organs of Generation.</i>									
Female Organs .. ..	..	..	..	..	..	..	..	..	3
<i>(b) Of Parturition.</i>									
Abortion, Miscarriage .. ..	..	..	..	..	..	..	..	..	3
Puerperal Convulsions .. ..	..	..	..	..	..	..	..	..	..
Placenta Prævia, Flooding .. ..	..	..	..	..	1	..	1	..	1
Other Accidents of Childbirth ..	..	..	..	2	1	2	1	2	6
7.—Diseases of Integumentary System.									
Phlegmon .. ..	..	..	..	..	..	..	..	..	..
Ulcer, Carbuncle .. ..	..	..	..	..	..	..	..	6	7
Other Diseases of Skin, &c. ..	..	..	..	3	2	3	3	7	5
8.—Diseases of Bones and Joints.									
Caries and Necrosis .. ..	..	..	..	..	..	..	..	..	..
Arthritis, Ostitis, Periostitis ..	..	..	..	..	..	..	..	3	5
Other Diseases of Bones and Joints .. ..	..	..	..	..	..	..	..	7	5
9.—Diseases of Organs of Special Sense.									
Ear, Eye, Nose .. ..	..	..	..	..	..	..	..	..	1
Goitre .. ..	..	..	..	..	..	..	..	..	4
10.—Diseases of Lymphatic System, &c.									
Lymphatics and Spleen .. ..	..	..	..	..	..	..	..	..	..
Bronchocele, Addison's Disease..	..	..	..	..	..	..	..	..	..
				81	57	120	88	780	795

CLASS VI.

DEVELOPMENTAL DISEASES.

Premature Birth .. ..	..	..	49	20	50	20	50	20
Atelectasis .. ..	..	..	1	1	1	1	1	1

DEATHS continued.

		0 to 1		Under 5		All Ages.	
		M.	F.	M.	F.	M.	F.
Congenital Malformations	..	9	5	9	5	9	5
Teething	.. ..	..	..	1	..	1	..
Atrophy, Inanition, Debility	..	16	9	16	9	16	9
Old Age	.. ..	..	..	..	..	114	124
		75	35	77	35	191	159

CLASS VII.

DEATHS FROM VIOLENCE.

1. Accidents or Negligence.

Fracture and Contusions	..	..	..	..	..	8	3
Gunshot Wounds	..	..	..	..	..	..	..
Burns and Scalds	..	..	1	2	2	4	7
Poison	.. ..	..	..	..	..	2	..
Drowning	.. ..	..	..	..	..	8	4
Suffocation	.. ..	3	4	3	4	7	4
Otherwise	.. ..	1	1	1	2	10	6

2. Homicide.

Murder	.. ..	1	..	1	..	1	..
Manslaughter	.. ..	..	..	..	..	..	..

3.—Suicide.

..	..	..	..	15	14
5	6	7	8	55	38

CLASS VIII.

DEATHS FROM ILL-DEFINED AND NOT SPECIFIED CAUSES.

(e.g., Dropsy, Abscess, Tumour,
Hæmorrhage, Mortification,
Death from Natural Causes, &c.)

3	1	3	1	32	29
---	---	---	---	----	----

Class

I. - Zymotic Diseases	..	56	40	108	89	165	148
II.—Parasitic Diseases	..	..	..	..	..	..	..
III.—Dietic Diseases	..	..	..	..	..	2	1
IV. Constitutional Diseases		4	5	14	14	360	379
V. —Local Diseases	..	81	57	120	88	780	795
VI.—Developmental Diseases		75	35	77	35	191	159
VII. -Violent Deaths	..	5	6	7	8	55	38
VIII. —Ill-Defined, &c.	..	3	1	3	1	32	29
		224	144	329	235	1585	1549

TABLE 29.

City of Leicester

(As required by the Ministry of Health.)

HOUSING CONDITIONS

For year ended 31st December, 1925.

GENERAL STATISTICS.

Area (acres)	..	..	..	..	8,582
Population (1925)	..	..	..	..	242,100
Number of inhabited houses (1921)	..	..	..	..	52,955
Number of families or separate occupiers (1921)	..	..	..	..	55,976
Rateable Value, 1st November, 1925	..	..	..	..	£1,425,175
Sum represented by a penny rate	..	..	..	..	£5,408 6 8

HOUSING.

Number of new houses erected during the year :—

(a) Total	..	..	..	..	1,050
(b) With State assistance under the Housing Acts, 1919, 1923, or 1924 :					
(i) By the Local Authority	..	..	..	..	513
(ii) By other bodies or persons	..	..	..	..	239

I.—UNFIT DWELLING HOUSES—INSPECTION.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	..	..	..	..	6,730
(2) Number of dwelling houses which were in- spected and recorded under the Housing (Inspection of District) Regulations, 1910	..	..	..	..	474

TABLE 29—continued.

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	*1
(4) Number of dwelling houses (exclusive to those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation.. .. .	474
2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.	
Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	900
3.—ACTION UNDER STATUTORY POWERS.	
A— <i>Proceedings under Section 3 of the Housing Act, 1925.</i>	
(1) Number of dwelling houses in respect of which Notices were served requiring repairs	17
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	8
(b) By Local Authority in default of owners	8
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	0
B— <i>Proceedings under Public Health Acts.</i>	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	2,597

*One house closed without statutory action.

TABLE 29—continued.

(2) Number of dwelling houses in which defects were remedied after service of formal notices :—			
(a)	By owners	.. .. .	40
(b)	By Local Authority in default of owners..	.. .. .	11

C—*Proceedings under Section 11 of the Housing Act, 1925.*

(1)	Number of representations made with a view to the making of Closing Orders	..	0
(2)	Number of dwelling houses in respect of which Closing Orders were made	..	0
(3)	Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit..		0
(4)	Number of dwelling houses in respect of which Demolition Orders were made	..	0
(5)	Number of dwelling houses demolished in pursuance of Demolition Orders	..	0

(Signed) C. KILLICK MILLARD,
Medical Officer of Health.

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